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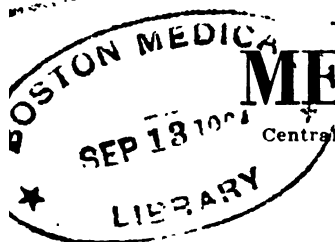








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# INDIANAPOLIS MEDICAL JOURNAL

Central States Medical Monitor and Indiana Medical Journal

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INDIANAPOLIS, INDIANA

VOL. XXII

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bring satisfaction and money too. Accident, and obstetrical cases that at the times seem to be unimportant, may in a few years rank very high in importance. In practice it is always best to commence right, by keeping a record of everything pertaining to a doctors profession at work. S. E. E.

#### REPRINTS RECEIVED.

The treatment of Chronic Heart Lesions, by Henry Beates, Jr., M. D., Philadelphia, Pa.

Deer-Fly Fever, Dr. Pahvant, Valley Plague, by Edward Francis.

Some notes on Chenopodium, by Maurice C. Hall, Ph. D., D. V. M.

The Intravenous Use of Red Mercuric Iodide, by L. W. Rowe, M. S.

Bacteriologic Findings in Ozena. Second report by Herbert C. Ward and Donald C. Beaver.

Health Almanac for 1919, by R. C. Williams.

Radium in the Treatment of Uterine Fibroids.

Surgery of the Heart and Pericardium, by J. Warren Little, M. D., F. A. C. S.

China Medical Board Report.

The Present Status of Radium Therapy, T. C. Kennedy.

War Neurosis, Major Charles D. Hughes.

Identity of Commercial Flag, Oliver A. Farwell.

The Keep Well Series (cancer and the safe vocation), U. S. Pub. Health Service.

Epidemic Influenza in Foreign Countries, by W. H. Frost and Edgar Sydenstricker, U. S. Public Health Reports.

Influenza, U. S. Public Health Report.

#### MERCURIC CHLORIDE IS NOT A DISINFECTANT.

Where can I find out something about the relative value of corrosive sublimate when used as a disinfectant?

There is no question about this mercury preparation's being a powerful poison for low forms of vegetable life. It can not, however, be generally used and should not be considered a popular dis-

infectant. The government in a bulletin on some common disinfectants (Farmers' Bulletin No. 926), has the following to say:

Bichloride of mercury is known also as mercuric chloride and corrosive sublimate. It is usually sold in the form of tablets in which the bichloride of mercury is combined with ammonium chloride which facilitates solution in water. The bichloride has long been known to be a very powerful disinfectant. However, its power is greatly reduced when it is applied to solutions of substances containing large amounts of organic matter. Bichloride of mercury is included with other common disinfectants in this bulletin more for the purpose of a warning against its use than for recommending it. It is extremely poisonous and therefore dangerous to have about the house. Many accidents have occurred through its use. It is nothing like so effective or so satisfactory for household use as many of the other disinfectants already described. It tends to attack metals. For these reasons it is not to be recommended as a household disinfectant. —The Meyer Druggist.

#### ANTI-DANDRUFF HAIR TONIC.

The substance most nearly approaching a specific for the treatment of dandruff is resorcin, and one of the most agreeable forms in which this may be applied as a hair wash is the following:

|                  |                  |
|------------------|------------------|
| Castor oil ..... | 1 dr.            |
| Resorcin .....   | 2 dr., 2 scruple |
| Colonge .....    | 3 oz.            |
| Alcohol .....    | 9 oz.            |

This mixes to form a clear solution of pleasant odor. It may be used once or twice a week or only after shampooing, and is best applied to the scalp by means of a medicine dropper, afterward rubbing it in vigorously with the tips of the fingers.—American Druggist, New York.

"The points in Brown's speech were well taken, I thought."

"Yes; most of them from other men."  
—Boston Transcript.

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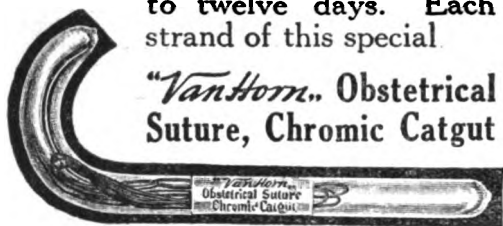
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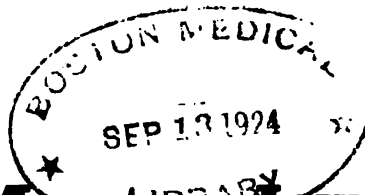
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Vol. XXII

INDIANAPOLIS, IND., JANUARY, 1919.

No. 1

## ORIGINAL COMMUNICATIONS

### MENINGOCELE AND SPINAL BIFIDA: CASE REPORTS.

By R. A. Solomon, M. D., Interne R. W. Long Hospital, Indianapolis.

Meningocele and spinal bifida are closely related developmental defects, the former resulting from defective ossification of the cranial bones, the latter from failure of the vertebral arches to coalesce behind the spinal cord. They are both frequently associated with other congenital deformities, such as hydrocephalus, club-foot, hare-lip, and cleft palate.

Meningocele occurs most frequently in the occipital region and at the root of the nose, but may occur along the line of sutures, at the anterior or lateral frontanelles or at the base of the skull. It occurs as a soft, round, fluctuating swelling attached by a pedicle of greater or less size, covered by skin which may be thick and healthy or thinned, bluish, and translucent when the tumor is large. It is filled with cerebro-spinal fluid and increases in size and tension on any expiratory effort, such as coughing or crying.

Spina bifida is found most frequently in the lumbo-sacral region, but occurs also in the cervical or thoracic region. It is found as an elastic swelling in the mid-line of the back which may or may not be covered with skin. It may consist merely of the membranes filled with fluid or there may be a hernia of the cord and attached nerves. At times the spinal canal is dilated so as to form the wall of the tumor. This latter type is most frequently seen in association with hydrocephalus. The simple spinal meningocele usually occurs in the sacral region, is translucent, pedunculated, and protrudes through a small cleft. There is no associated paralysis. Other forms are less translucent and have broader bases. They may occur in any region of the spine and paralytic symptoms are more common.

The prognosis in all these cases is grave, most of them being still-born or

dying in early infancy. The cases of simple meningocele are more favorable, the small pedicle sometimes being obliterated spontaneously by the growing bones or by surgical interference.

The cases I wish to report were admitted to the R. W. Long Hospital in March, 1918. The first was a girl baby, three weeks old. The mother is an apparently healthy woman, age 17, married two years ago. This was the first pregnancy and was normal in every way. Labor was somewhat prolonged but was normal. There is no family history of other congenital defects or of any neuro-pathic taint. The child was born with a thin-walled, fluctuating translucent tumor about the size of a large orange, attached by a small pedicle to the skull in the occipital region. There are numerous vessels coursing over the tumor, and on close inspection it is found in part to be covered with hair. The tumor has remained about the same until the present time. On crying it becomes tense and increases slightly in size. The child is in every other respect apparently normal. The mouth, palate, eyes, spine and feet show no defects. X-ray of the skull revealed a small opening in the lower part of the occipital bone, about the size of a lead pencil. X-ray of the spine was negative.

The other case was that of Tom R., male, age 13 months. Mother is apparently healthy, age 26. This was the first pregnancy. There is no family history of any significance. Baby was born at full term, pregnancy and labor being normal. The child breathed spontaneously and seemed perfectly normal except for

a small, round tumor on the back of the neck. At six months of age the head was noticed to be enlarging out of proportion to the body. A marked increase had been noticed during the four weeks previous to admission. The tumor has enlarged in relative proportion to the body.

On examination the head was found large and spherical in shape, eyes somewhat protruding, face small with a vacant expression. The anterior fontanelle was completely closed. The posterior fontanelle was enlarged, sutures were widened. Head was retracted, muscles spastic, reflexes exaggerated, Kernig's sign positive. There were no convulsions, no cry, no irritability. Slight choking of the optic discs was present. Over the fourth dorsal spine and slightly to the left of the midline was a circular, flat tumor about an inch and a half in diameter, attached by a broad base. It was slightly movable and had a doughy consistency; it was covered with normal skin having a purplish discoloration. On displacing it up and to the right a cleft could be made out in the underlying spinous process. Temperature was 102, pulse 140 on admission. It later rose to 105 with a pulse rate of 180, with no evident local process to account for the reaction. A spinal puncture showed a sparkling clear fluid, pressure not increased, cell count 8, globulin negative, albumen not increased, normal reduction with Fehling's solution. Stain for tuberculosis was negative. The tumor was aspirated and clear spinal fluid obtained. The child died on the following day. Necropsy was not granted.

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#### CATARRHAL FEVER.

P. A. Zaring, M. D., Brownstown, Ind.

Catarrh is an inflammation of a mucous membrane, especially of the respiratory passages of the head and throat. The most common variety is called "cold", and by the laity called "bad-cold." A cold is sometimes, though not

always, attended with fever. Then it might be called "bad-cold fever." But this would not be exactly euphonious. But since catarrh is synonymous with bad-cold, we may, and formerly did, call it "catarrhal fever," and this is the ra-

tional name for the disease. The Italian word, which means the same thing, is "influenza." The French word is "la grippe." Americans should employ the Anglo-American term. We have often been accused of doing so if the patient is poor, though resorting to the foreign synonyms, which sound more apprehensive, when the bigger money is in sight.

Whether this aspersion be just or unjust, it is very certain that the French term scared many a dollar out of the pockets of apprehensive customers, apart from the necessities of the disease, in the pandemic that swept the country twenty-nine years ago. I was only a student at that time, and maybe my observations were not perfectly reliable, but it seemed to me that when la grippe appeared all other diseases disappeared. There was no more tuberculosis, nor pneumonia, nor pleurisy. It was all "la grippe of the lungs." There was no more enteritis, nor dysentery, nor typhoid fever. It was all "la grippe of the bowels." There was no more rheumatism, nor gout, nor arthritis. It was all "la grippe of the joints." Even paralysis, neuralgia, and hysterics were called "la grippe of the nerves."

Now, my dear old seniors who were in the practice at that time, before making any rancorous reply to this insinuation, go down into your secret memories and investigate the real facts of these observations.

Two years after the pandemic of "la grippe," I heard a bum apologize for being intoxicated. He said he would not be drunk only that he had had the la grippe two years previously, and had not gotten over it yet, and that whisky was the best thing he could take. It was not uncommon to hear people say that one never does get over it.

I began the practice in the spring of 1893, and soon had sporadic cases of la grippe to treat. I most always diagnosed them "typhoid fever," and when disappointed by a premature convalescence, I was always ready to explain that it was "abortive typhoid fever." It is not always easy to differentiate the two dis-

eases. Of course in the present pandemic I unhesitatingly call everything "influenza," and when a case proves by its duration to be typhoid fever, it is easy enough to tell my victim that the influenza has turned to typhoid fever. One "smart Alex" said: "One disease can turn into another about as easily as a cow could turn into a horse."

I replied: "You are exactly right. A disease germ has its own identity just as much as has a quadruped. Sure! I used that expression as a matter of convenience—to avoid tedious explanations. The real truth is, the typhoid was intercurrent," and I went away thinking that he believed he and I were both pretty smart fellows. It wouldn't do to confess that the patient had not had influenza at all.

When I had learned to guess pretty well at a diagnosis of la grippe I felt that I had discovered a new world. And although others had discovered it before me—no matter. The same is true of all other new worlds. For example: When Columbus discovered this world there were many people here already; and when the first man and woman were created on the earth, there were already plenty of people for their sons and daughters to marry. And although others had dealt with this so-called new disease before me, and although it had been here since the advent of the first human and the first mosquito, yet nobody had ever understood it, and it was, to me, a new disease for me to study and learn.

Nobody knew the cause of it, and nobody knows the cause of it yet, and so if I pretend to know, I do not see any chance for anybody to disprove my etiology. I had the intermittent fever in those days, and I treated others who had it. And I had the—let us call it by its common-sense name—catarrhal fever; and I treated others who had it. And I experienced, and observed, that many of the symptoms could not be discriminated in the two diseases. The headaches, and backaches, and all-over aches, seemed to be identical. The fever is often similar. The chill may be similar. And the ane-

mia and depression which follow these ephemeral conditions are similar. But the catarrhal symptoms of the eyes, nose, and throat, which obtained in the catarrhal fever, were absent from the intermittent fever. Then the first conclusion was that some of the symptoms were similar and other symptoms were different. Perhaps catarrhal fever was malaria, complicated or compounded with something else. Here was a temptation to experiment. I had been taught that I must not experiment with human life. I must know every dose of my medicine, what it is, and what it is for, and there must be no random shots, and no missing the mark. And I had started out to be very scientific indeed. I had gathered the conditions of my patient as I would gather up the conditions of a problem in algebra; and of each set of conditions I would form an equation; and then I would eliminate the unknown quantities, until I could—that is, I did—say, “Ergo.” And ergo my patients, many of them—alas, too many of them—DIED!

And I have been called to counsel with other physicians, and have seen their patients die, and I have had to believe that some of them were drugged to death, and some were nursed to death, and some were done to death by modern hygiene. And I concluded, and I am still of the conclusion, that when a case of sickness will not conform to scientific practice that we should conform our practice to the conditions of the case. Of course this was empiricism, but let it be so. I would experiment. I did experiment. I gave my catarrhal fever patients a combined treatment for cold and malaria. That was, at that time, quinine, acetanilide, chologogues, and for the catarrhal condition, white pine compound containing morphine. I now use acetylsalicylic acid instead of acetanilide.

I never did give the depressing doses of the cold tar derivatives, nor of anything else, that some recommend, neither in the intermittent fever, nor the catarrhal fever, nor in anything else. Give small doses oft repeated till results are

manifest, and then relax the treatment, for be sure that any medicine will continue to act for a time after you have quit giving it.

By thus treating malaria and catarrhal fever alike, I obtained similar results. I began the treatment of the intermittent fever patient immediately after the paroxysm. Two days later he was fairly certain to have a chill, later in the day, and lighter, than formerly. Four days after the beginning of the treatment the paroxysm missed. If it did not, in any case, I was certain to find some complication that would explain its continuation. The disease was “broken” some time between the second and fourth days. So when I gave the same treatment to the catarrhal fever patient, the symptoms which I classed as malarial would disappear within four days, leaving only the catarrhal, or “bad cold,” symptoms to be dealt with.

If the catarrhal symptoms were alarming at any time, threatening pneumonia, whether at the onset of the attack or later, I gave white pine compound with morphine. And I gave enough of it to lull the patient pretty thoroughly. If it nauseated him I stiffened it up with additional morphine, and then diminished the dose accordingly. The morphine is the essential element. I gave, and still give, enough to control the irritation in the lungs and respiratory passages, and the cough which such irritation causes, and thus limit the extension of the exudation. I give this treatment in all pneumonias, grippe or no grippe, and I give it in catarrhal fever to prevent pneumonia. I have treated hundreds of cases thus, more than two hundred this season, and have never had a death, except where there were such complications as measles, meningitis, whooping cough, and membranous croup before membranous croup became laryngeal diphtheria. Even these complicated cases will seldom prove fatal under this treatment.

As this is a plea for empiricism it must be understood that common sense nursing and rational hygiene are taken for granted. In my town and country

practice I have no hospital advantages and no trained nurses. It seems to me that with these advantages in the cities no one should ever die till he so desires. Euthanasia should become a crying necessity. If the housewife has common sense, and recognizes that she has only common sense, it is fairly easy to make a good nurse of her in a short while. Do not deliver any lengthy lectures. Tell her very plainly what you expect of her, and require her to repeat it after you till you are sure she understands it well. If there is any one in the family that can read, the directions should be plainly written. Lay off your coat and actually show how to do whatever may not be well understood.

Hygiene is something, but not everything. It is pleasing to see everything clean, and it is delightful to breathe pure fresh air, but I am certain that the importance of these things is often exaggerated. Fishes and snakes usually keep themselves clean, but quadrupeds are a higher form of life, and they wallow in the dirt, and it seems to do them good. And man is the highest of all, and has an esthetic faculty which revolts at filth, but we know that extreme cleanliness will not always do. Water must be kept from some certain diseases of the skin or your treatment will never succeed.

So observe a little hygiene, but not too much. There is such a thing as hygiolatry—too much hygiene. Since cold is one of the component elements of catarrhal fever, and also of pneumonia, and since cold is produced by changes of the weather, irregular habits of clothing, housing, heating, and especially of drafts of air through open doors or windows, the reaction from these abuses causing congestion of the lungs and air passages, therefore it seems very irrational to aggravate such diseases by repeating the very abuses that had been the immediate cause of the diseases. It would seem quite as rational to thrust your hand in the fire to cure a burn you happen to have.

Yet there are physicians who place

their patients in a draft between two open doors, and apply ice bags to the head, chest, and abdomen. And when the patient dies, as die he must, it is said that all was done that could be done. And of course all was done that could be done—in the interest of the undertaker. The death was not in spite of the treatment, but on account of the treatment.

In the epidemic of pneumonia eleven years ago, one country doctor whose therapeutics was very strictly up-to-date, reported forty-six deaths from pneumonia. The people called it a very malignant type of pneumonia. I never heard of but one of his pneumonia patients recovering. My practice overlapped his, and it would seem that the type of the disease I treated must have been very much the same as his, but I treated thirty-five cases that winter without a death, and I saw but few of the patients more than twice.

This may sound boastful, but it should not. Anyhow, I am not boasting of the big things I did, but rather of the little I did. Physicians do too much for their patients sometimes. I didn't kill mine. Why do not all of the patients of the homeopath die? Certainly not on account of drugs. One grain of medicine would supply all the homeopaths through a future eternity.

I am writing this for the benefit of physicians who may be inclined to follow up-to-date fads, especially young physicians. Learn first to do your patient no harm. When this is well learned, you may begin to try to do him some good in a conservative way.

I have had to treat a great many poor people. I have often had two, sometimes three, and even as high as four pneumonia patients in the same bed at the same time. Very frequently I have had it thus in this present epidemic of catarrhal fever. This is somewhat hampering, but I never expect any of them to die. They do not die. If the house is a cabin of one room, I close all the windows and doors, and make the house as nearly comfortable as possible. Plenty

of air will get in through the holes and cracks. That one door will catch a whole lot more draft than I like as the family comes and goes many, many times a day. The carbon dioxide in the stuffiest room you were ever in constitutes but a small per cent. Have a pot of water on the stove to convert this carbon dioxide into carbonic acid. I would rather my patient would have rebreathed air than cold air. If there are two or more rooms, I close all of the outside doors and windows to the sick room, and open a partition door into an adjoining room which is heated, and through it all fresh air must pass to reach the patient, thus permitting no cold air to chill his body, nor irritate his respiratory passages and lungs.

Such is the hygiene in both pneumonia and catarrhal fever. The therapeutics also is necessarily very similar in the two diseases. It seems to be agreed that the danger of death in catarrhal fever is the pneumonia complication. And if we give our catarrhal fever patients the pneumonia treatment we should be able to forestall the pneumonia.

There are occasionally other complications which must be treated on general principles. And of course the routine treatment which should be observed in the great bulk of cases, and which is all that can be mentioned in such an article as this, must be varied according to the symptoms.

Of course I expect the horse laugh from ultra scientific physicians for my arriving at conclusions and offering evidences that are not recognized by experimenters under the ironclad rules of research and verification. But science has nothing to offer but probabilities on this subject. It is not proved that the bacillus influenza of Pfeiffer is the cause of catarrhal fever. It is not always found in this disease. When absent from any cause something else was certainly the cause. And if something else causes one case, why not all? This bacillus being present in the majority of cases proves nothing. It is present in pneumonia, diphtheria, scarlet fever, and

whooping cough, but nobody believes it to be the cause of all these diseases. It is found in the throats of healthy people. If it is the cause it should produce the effect in all cases. It is present in abundance after convalescence. If it is the cause the effect should persist as long as the cause obtains. If it has any relation to the disease at all, it is not, and can not be, anything more than an instrument by which the real cause produces the disease. The ax fells the forest; but the ax might lie in the forest forever and accomplish nothing but for the man, the real cause, to wield it. The man can fell the forest without the ax; but the ax can not fell it without the man. So the bacillus influenzae lies harmless in one's throat till the individual reacts to some exposure. Then the bacillus may, or may not, aggravate the case. No one knows.

Science is the hope of the future; but we cannot afford to recognize it till it appears. We should not take it for granted that Science is going to demonstrate at some time in the future, that a certain cause produces a certain effect; and we should not be governed at the present time by these deferred conclusions. When I was a student we accepted as a scientific fact that plasmodium malariae was a vegetable germ set free by the decay of vegetation under the influence of heat and moisture; that we breathe these germs into our lungs, and they crawl through the meshes of the mucous membranes and invade the blood, and play the devil with the red corpuscles; that these germs can not rise more than sixty feet above their origin; and therefore if we live in balloons, or houses more than sixty feet above any decaying vegetation we may be safe from malaria. Mr. Science has changed his notion very considerably since then. So there are many other conclusions of present-day science that will change in the future because they must.

At the present time I do not believe that catarrhal fever is contagious. Measles, smallpox, and mumps are. Let us consider these for comparison. We all

feel secure from these diseases, and we are secure from them, as long as they are not in the community and nobody will bring them. A case is brought; somebody is exposed; he develops the disease; then he passes it on to somebody else; and so on; and we can trace it from house to house wherever it goes. Such is the course of a contagion. But in this epidemic—or pandemic—of catarrhal fever, there were perhaps thousands of sporadic cases occurred in thousands of different localities all at once as a beginning. Whence came they? None of these first cases had been exposed. It would have required thousands of people with the disease to have carried it into these thousands of localities all at once. Who were these thousands of carriers? and where had they contracted it?

And there are other stunning questions. Every year there are sporadic cases of this disease. Perhaps every physician in the general practice could tell of cases he has treated every year. Think of the hundreds of thousands of nuclei this would mean every year, from which an epidemic might, and would, spread over the country. But it seldom becomes epidemic. Do contagions behave thus? If it is contagious why does it not become epidemic every year? You may answer: "If not contagious, why and how did it become epidemic this year?"

I believe this to be the most significant question that could be asked. It is significant that infections are as apt to be epidemic as are contagions, and far more apt to become pandemic. It would be impossible for any disease to be pandemic by contagion. Some diseases are said to be both contagious and infectious. Smallpox is contagious; but if the clothes of a smallpox patient were deposited in a public place, many people frequenting that place would contract the disease, but they would not be catching it from one another. They would be infected from this common source. But this is far-fetched. Some diseases are contagious and others are infectious.

Catarrhal fever is infectious but not contagious. In this most remarkable of all epidemics, it is unusual for a whole family to have it. Sometimes one member escapes. Sometimes all but one escape. And whole families escape though frequently exposed. Again let us compare it with intermittent fever. All are agreed that intermittent fever is infectious but not contagious. Yet some of us old fellows have known of epidemics of intermittent fever. We have seen several members of the same family chilling at the same time.

If my theory of the dual cause of catarrhal fever, malaria and cold, be assumed, this will explain every phenomenon of the disease that I have ever observed. All concede that the mosquito is the carrier of malaria. Then it is easy enough to understand that some years there are only enough malaria-carrying mosquitoes to produce sporadic cases of catarrhal fever. Another year there are enough to produce an epidemic; and still other years there are enough to produce a pandemic.

Last summer was unusually hot, and unusually wet, and we were pestered more than usual by mosquitoes, and unusual numbers of people had their blood impregnated with plasmodium malariae. Therefore when the changeable winds of autumn came as usual, and gave the people colds as usual, or perhaps more than usual on account of the malaria acting as a predisposing cause, there were very unusual numbers who combined the two causes of malaria and cold, and hence the epidemic.

Browns town has a population of less than 1,500. Many of our people are absent this fall on account of the war, and other matters, and those who are away are mostly young people who are conceded to be more liable to this disease. Older people seem to be at least partially immune on account of previous attacks. Yet the small population of Browns town and vicinity has had more than 600 cases of catarrhal fever this season, approximately 20 per cent. of the whole population of the community,

and the end is not in sight. Surely no other community has had any more of it. And any epidemic is supposed to be more malignant where it is more general. The per cent. of mortality is supposed to be less where it is endemic than where it is epidemic. Yet we have had but three deaths. One was a very old lady, and had a pneumonia complication. Another was a young man said to have tuberculosis and pneumonia complicating the catarrhal fever. The third was a very delicate, little, phthisical baby with a double pneumonia and influenzal meningitis. Yet we are three old gray-haired doctors who do not make very loud pretensions to be scientific. If we had the young, healthy men to treat that are at the cantonments, and their hospital advantages and other facilities, we would raise those who are already dead.

The theory of the dual cause, already explained, may well account for this locality having more of this epidemic than other localities. Last summer while the weather was so very hot everywhere there was a great deal of rain, but it was mostly local showers, and Brownstown and vicinity had more of these showers than most anywhere else. Consequently we had more mosquitoes than other communities. While we were praying for settled weather other localities were praying for rain. I have often observed that others get whatever I pray for. So now while we are praying for the plague to be staid, our prayers are being answered in those localities where there was but little rain in the hot weather last summer.

There are many indications of relationship between these two, so-called, types of fever. Herpes labialis is a symptom common to both diseases.

Relapses are common to both. We used to be apprehensive of the return of the chill in seven days from the time it missed. The older physicians used to tell us this was apt to recur every seventh day, unless we took quinine with tolerable regularity for twenty-eight days. It seems that quinine destroys the plasmodium malariae, but that it

does not destroy its spores. Then when these spores develop into other plasmodia these spores develop into other plasmodia the blood saturated with quinine, so that the plasmodia will be destroyed as fast as developed, before producing other spores, until all the spores in the blood have been thus developed and destroyed, then we are free and safe till another mosquito season.

Likewise I have been uniformly successful in preventing the relapses of catarrhal fever by a continued course of quinine. If the patient is anemic I give iron and arsenic in both diseases.

I am called to a house where there are several children. One has a typical case of catarrhal fever. As soon as I declare my diagnosis, the question comes: "Is there anything we can give the others to keep them from having it?" If it were a contagion, I would say, "No." But in this case I invariably say, "Yes, give them this quinine, this aspirin, and this cholagogue, and if they do not take the disease within four days, the necessary time to get rid of the malaria, they will not have it at all." And the consequences have never disproved by prognosis.

That people do become more or less immune to malaria is well recognized. In the olden times when there was so much intermittent fever, it was most always the young people who had it. The older people had gone through the experience when they had been younger.

People who go from the northern states to the Gulf states are apt to chill the first year or two. After that they are less apt to chill, and they say they have become acclimated. Of course, being acclimated will not keep the mosquitoes from biting them. But they have become more or less immune to the malaria that is transmitted by the mosquitoes.

Finally, it does not seem quite right to speak of pneumonia as a complication of catarrhal fever. Rather it is a part of it when it obtains. If the catarrhal condition is mostly in the nares, we would not regard it as a complication. Nor would we if it affected mostly the



pharynx, or the larynx, or even the bronchi. Then when this same catarrhal condition extends on into the bronchioles

and air cells it is still a part of the same disease, and may well be considered under the generic term, "Catarrhal Fever."

### CONCERNING INFLUENZA.

By Robert Hessler, M. D., Logansport, Indiana.

In persons with normal lungs who inhale clean air, influenza, the "flu," is a mild disease, so mild that the diagnostician may be in doubt regarding the nature of the disease. This statement is based on a study of the experiences of experts of all countries, in all parts of the world, and not on local manifestations. Some individuals are hyper-susceptible, just as such common diseases as measles, whooping cough and other acute specific diseases attack some people more readily than others. During every epidemic physicians meet atypical and doubtful cases, but the subsequent history of the individual may show whether he had the disease, established an immunity. Second attacks may, however, occur.

An epidemic or pandemic of influenza usually comes in successive waves. Those who escape the first wave may be attacked in the second or later ones; few wholly escape. Those who had well defined attacks in a former pandemic may be immune, just as in the case of smallpox or typhoid fever.

Although "the flu, the terrible flu," may be an appropriate descriptive name for severe cases of influenza, we should not forget that on the other hand cases are also appropriately referred to as "three-day fever." While the disease may be mild in people with clean lungs it is really a "terrible disease" in those with black lungs, the result of living or having lived under bad air conditions and constantly inhaling infection of all kinds. In such cases the usually mild disease becomes severe, generally on account of secondary infections, particularly pneumonia.

The description of influenza in the books, the classical description, is based on city hospital cases by city men who

write medical books. The manifestations may be radically different from those in cases seen by the country doctor whose patients are accustomed to clean air.

Whether a man who was slightly ill had a mild case of influenza, or whether another died from the disease, pure and simple, that is without complications, may always remain a matter of opinion, a matter of probability. In time no doubt some reliable test will be devised to determine the presence of the disease, one that will show who is susceptible and who immune. Such tests have been found for a number of diseases. There are more and more workers seeking causes and prevention. But what the people usually want is medicine, relief from urgent symptoms. Some do not even go to a physician, but dope themselves with "cough cures" (and lock up the secretions); others use "pain-killers" (which mask symptoms and lead to a false sense of security). By such means they try to keep at work when they really should be in bed and give nature a chance to throw off the infection. When such people are finally compelled to give up the physician finds much work to do.

Some diseases are to be looked upon as indicators. A few years ago we had much typhoid fever—an indicator, an index, of bad water. Malaria is an index of stagnant water and of anopheles mosquitoes. Tuberculosis and pneumonia, on the other hand, are indicators of bad air. You will get the general idea; I can not go into details.

Influenza is readily transmitted through contact with those who have the disease; the active cause (which in the present pandemic seems to be an unidentified organism) is given off from the mouth and nose in speaking, coughing, sneezing and

in the expectoration on the floor that has dried and become pulverized. The susceptible individual, and few are immune, can escape infection for a time; country people can keep it off by staying on the farm but they are apt to get it in the end, after everybody else has had it; similarly people living on the edge of town. It is these "careful people" who really prolong the duration of an epidemic or pandemic. But these prudent stay-at-homes are likely to be rewarded by having a mild case, as a rule. However, people will quote newspaper reports and speak of exceptional cases. The disease remains until it has burned itself out, until it dies for lack of material. An attack of influenza as a rule gives immunity; even in later years, when another pandemic appears, older people who have had it have only mild attacks, if attacked at all.

Now if everybody is going to have the disease, why take precautions to close up schools, theatres, churches—seek to prevent people massing, living under crowd conditions? The real reason for such precautions lies in the fact that by keeping out of crowds we likely avoid other infections that ordinarily do not take hold. Influenza is a disease that stirs up the soil, so to speak, for the seed, the germs, of other diseases, especially of pneumonia, to take root. There are all sorts of infections that the body can resist under ordinary conditions, but not when it is battling with influenza.

"Lowered vitality" only too often means that the individual has been living under an abnormal environment, perhaps for a long time. When an epidemic comes along he may be wholly unable to resist, he is overpowered. Shall one in the same breath mention the opposite type, the man who has been careful, has tried to live within his limitations, maintained his body in good condition and as a reward for his prudence has little to fear from a disease that he can readily throw off?

Some have the disease in such a mild form that they never think of asking the services of a physician. And on the

other hand there are not lacking those who by the use of patent medicines aggravate the manifestations of the disease. There are people so ignorant that they house themselves closely, they know no better, they have not been taught the value of clean, fresh air. Then there are the careless who visit their sick friends. A "flu" card on the door seems to act as a "fresh paint" sign—nothing short of touching the wet paint satisfies.

If people would stay away from the sick, not drop in from idle curiosity, and if they would stay at home when not well, what would be the result? Fewer cases of influenza? No, not in the long run. In the end there would be about the same number of cases—but there would be more of the mild type and there would be fewer cases of secondary infection, especially pneumonia. People who are careless of the kind of air they breathe, who will form crowds, go to crowded places, are the ones on whose account a ban is necessary. In the end it all goes back to the individual. It pays to be prudent. Nature exacts her dues from the imprudent. Nobody is compelled to go to a theater or to a movie. No one is compelled to enter an overcrowded store or street car. With all the warning about the bad effects of meeting under crowd conditions people should see the necessity for keeping out of crowds. But at times of a pandemic even the most prudent may get caught—one can not learn too much about the warfare of microbes on man and how to avoid getting the worst of it. The elements of bacteriology should be taught in the schools; in time they will be—but first teach the teacher.

We may be wholly unable to avoid influenza infection, but we may perhaps avoid the secondary infection, especially pneumonia, by giving attention to the air we breathe. A prudent man will look after the air he breathes. Some learn only through bitter experience.

I believe that tobacco smoke, inhaling the smoke of others, may reduce the resistance of the body to a point where infections of all kinds readily take hold.

(For confirmation of this opinion do not ask a physician who constantly has a cigar in his mouth. Observe for yourself, but do not jump to hasty conclusions.)

People who inhale dirty air generally have an irritation of the mucous membranes. Mucus forms and entangles the solid dust particles and in time all is, or should be, spat out. Regularly every morning some "spit black," the inhaled impurities of the day before are brought up. If they do not do so they feel bad, they know something is developing. (So-called catarrh in most people is a normal, a physiological process. When irritated the mucous membranes of the nose and throat give off their proper secretions, a clear mucus, just as the eyes send out tears when irritated. Primarily this mucus serves the same purpose as tears—it washes out impurities. When enough has formed it should be spat out. People who habitually inhale clean air have no catarrh and do not spit black. On the other hand, people who constantly inhale infection are very apt to have a purulent catarrh, full of pus and microbes. The expectoration in these individuals becomes a source of danger to others.)

Every epidemic or pandemic should teach a lesson. Our typhoid fever epidemic a few years ago taught us the lesson of clean water; at present there is not enough typhoid fever in the city to keep a single doctor busy. Malaria is practically unknown today.

There is one great factor concerned in the production of air borne diseases. As you go along the streets what do you see? I will say at once that our streets are cleaner now than they have been for a long time—since we cleaned up generally for the last convention and prepared for visitors. To put it tersely: Men spit into the gutters. Merchants, storekeepers, business men of all kinds, empty their cuspidors into the gutter. Then after the filth dries an auto with open muffler comes along and the forcible exhaust scatters the filth—it is like spitting into a man's face. Is it any wonder that people who see these things and understand stay away from town, do

their trading where the danger of inhaling infection is reduced to a minimum? In this connection it should be said that if country people who do and must come to town will do their shopping promptly and the women loaf less in crowded stores and the men on the street corners, they will run less risk of getting a mixed infection. In times of stress like this all should take precautions and yet not run to extremes.

Need one go into further details regarding filth? Does it not at once become evident that with any number of open mufflers the air of a town must be full of dried spit dust, full of infection. The infected air enters stores and offices and homes. A slight rain makes a pasty mass and this is tracked indoors and here it again dries out and becomes pulverized and pollutes the air—powdered poison. Some individuals react acutely, they get sick; others react but do not know it. Some get a high blood pressure and die prematurely and suddenly. Man for countless ages has been an open air animal and the process of adaptation to the city life and to indoor polluted air exacts a terrific cost in life, the unadapted are weeded out. And what of the adapted? The best adapted are people of the John Chinaman type; they thrive physically, at the expense of mentality.

The general advice to take outdoor exercise, eat good wholesome food and to take plenty of sleep applies always and doubly so during the prevalence of some disease. At times of an epidemic the services of Dr. Jupiter Pluvius are of great importance. The European custom of flushing gutters frequently is worth imitating.

All these things I have been telling my friends and patients right along. Prevalent ill health depends largely on bad air—bad air is a very important factor in determining the severity of acute specific infections.

Influenza will persist for some time. Cities that had many cases in the beginning have fewer at this time. After the pandemic has completely subsided we may be able to draw conclusions regarding the relative salubrity of different

communities. Countries that had the disease during the open door season had an advantage. After all it's not so much a question of the number of cases as of their severity, of secondary infections and of deaths.

At our last meeting we had no emergency hospital. Today the city is able to take care of cases that require hospitalization. The ban must be lifted sometime. I am in favor of opening the schools, the churches, and even the theaters—but all with ample ventilation and cleanliness and no overcrowding anywhere. I strongly urge that the town, the streets and sidewalks be kept clean and that no open mufflers be permitted.

Influenza will have killed several thousand in this state, directly or indirectly, before the pandemic subsides. Such pandemics are tragedies staged by nature on a large scale. But we know that tuberculosis kills its thousands every year. Any efforts that apply now to restricting influenza apply the year round to tuberculosis and pneumonia. Pneumonia has indeed risen to first rank in our large cities; the reason is simple; pneumonia strikes so suddenly that men do not have time to leave. Tuberculosis, on the other hand, sets in gradually and slowly disables a man—and the large city has no use for a sick man (or for a man over forty or fifty), and so the stricken individual goes back to his old home in the country or in the village or small town, there either to recover or die—and the small community gets the credit for the death from tuberculosis that should properly be ascribed to the large city. Of the many people who try city life only a

few succeed; those who fail at once do not stay long. It is no wonder that some large cities claim to be "healthy" on account of the low death rate from tuberculosis.

One more point: The schools are far behind in their schedules. Does it pay to make up lost time? Many children who had influenza and secondary infections are weakened; instead of longer school hours they should have shorter hours. What is the use of so-called education if it is at the expense of lost health and perhaps permanent disability?

In the light of the subsequent discussion I would add: We, all cities of this size (Logansport), need a full time health officer, a man who looks after health matters, who does nothing else, who is trained for this work and has a grasp on details. It is our system that is at fault. Some universities are now training sanitarians. Does this epidemic teach us that we have need for such a man?

[Editor's Note: In the December issue of the Indianapolis Medical Journal an editorial on "Dust and Dust Victims" appeared which called attention to the present epidemic of influenza and to a book written by Dr. Hessler, all of which had a bearing on the subject. On Christmas day Dr. Hessler sent us the above article, which in part appeared in the Daily Tribune after it had been read before the "Committee of Twelve" in Logansport. He adds, "The dust factor as outlined in your editorial is an important one as a disease carrier in every community." In this article emphasis is placed on the value of "clean air."]

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#### PRINCIPLES AND METHODS IN THE SIPPY TREATMENT OF PEPTIC ULCER.

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W. H. Foreman, M. D., Indianapolis.

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By peptic ulcer I refer to esophageal, gastric and duodenal ulcer but more especially to pyloric and duodenal ulcer, since in this region peptic ulcer more frequently occurs, and sequelae are more liable to occur if the ulcer remains un-

healed. Esophageal ulcer seldom occurs, and gastric ulcer other than near the pylorus responds to the treatment of pyloric and duodenal ulcer without the special care necessary in the treatment of these latter ulcers. Whether an ulcer

be pyloric or duodenal makes little difference in so far as treatment and sequelae are concerned.

Ulcer requires one year for treatment. Not that the patient shall be in bed or away from his work that length of time. In fact, he need only be under accurate observation more than three or four weeks at the beginning of his treatment.

During this period of accurate observation, or preliminary treatment, the patient must either be in a hospital or under a trained and experienced private nurse. The patient is put strictly to bed, for it is found that the stomach glands secrete less if the patient is quiet and restful.

The researches of Pawlow and his co-workers have rather definitely demonstrated that the quantity and properties of the gastric secretion vary with the quantity and character of the food.

Certain foods contain substances known as secretagogues, that are able to cause a secretion of gastric juice when taken into the stomach, such as meat extracts, meat juices, meat soups, meats, nuts, cheese, the acid fruits, sweets, some of the heavier vegetables, condiments and stimulants.

In other foods these ready formed substances are diminutive or lacking, and are only formed during the process of digestion. Among such foods are milk, cream, butter, cereals, toast, eggs, custards, bread, cream soups, some of the lighter vegetables, jellies and the less acid fruits, bacon, chicken and fish.

This latter class of foods when eaten produces at first a conscious reflex secretion only, a so-called psychical secretion, and when this secretion has acted upon the foods some products of their digestion in turn become capable of arousing a further flow of gastric juice.

Likewise the gastric secretion resulting from the eating of this latter class of food is usually less in quantity, acidity and digestive action, and thus produces less irritating effects upon peptic ulcer.

Since the quantity of gastric secretion at any one time depends, other things being equal, upon the amount of food

in the stomach to be digested, it follows that the food should be given in small bulk.

Again ulcer patients are usually poorly nourished, because of their mortal dread of pain, following the temporary relief obtained from the taking of food, and since the food must be given in small bulk, it is essential that the feeding be frequent and regular, and that the food be concentrated and highly nourishing and be properly balanced in proteins, carbohydrates and fats so as to properly nourish the patient and even add weight and strength.

The first principle then in the treatment of peptic ulcer is: (a) That the food should be of such a character and be given in such bulk as to favorably influence the acid, and digestive properties, and quantity of gastric secretion. (b) That the food should be frequently given, highly nourishing and properly balanced in order to restore and maintain the patient's strength.

In the Sippy treatment the patient's feedings begin daily at 7 a. m., and consist for the first two or three days of milk and cream equal parts, ounce three every hour. After two or three days eggs and cereals are added so that by the tenth day of treatment the patient is taking milk and cream ounces three every hour, to which is added daily three eggs, one at a time, and nine ounces of cereal, ounces three at a time. The total bulk at any one feeding while the food is taken every hour should not exceed six ounces, many of the feedings will not equal that amount. Additions are gradually made to this diet until by the end of three or four weeks the patient is on a full ulcer diet, which consists of milk and cream, eggs, cereals, toast, butter, rice, custards, cream-soups, vegetable, purees, jellies, lighter vegetables and meats, the less acid fruits and limited sweets with feedings continued every hour, or six times daily. Water at room temperature is given ad libitum and nothing cold or hot is taken in the stomach. All foods are prepared bland.

The second principle in the treatment of peptic ulcer is, that the free acidity

of the stomach must be completely neutralized.

It has been proven that a small amount of free hydrochloric acid in the stomach is just as potent in activating the pepsin as a high degree of acidity, also that while acid gastric juice may not be the cause of peptic ulcer, yet it is always present in varying amounts in active ulcer, and its corrosive action is the most important influence that retards the healing of peptic ulcer.

The gastric juice without free hydrochloric acid is practically inert and does not retard ulcer healing any more than any other bland substance. Therefore proficient treatment must depend upon rendering inactive the otherwise corrosive gastric juice.

The free hydrochloric acid in the stomach may be neutralized by food, alkalies and aspirations.

The combining power of the food takes up the free acid and combines it with the protein forming acid albumins and peptones, so that the free acid becomes inert. Usually, however, only a portion of the free acid can be neutralized by the food. We must depend to a large extent for our neutralization upon alkalies.

Alkalies have various powers of neutralization. Sodium bicarbonate is taken as the unit. Heavy calcined magnesia has four times while calcium carbonate has two and one-half times the neutralizing power of soda. Other alkalies are not so good. Bismuth subcarbonate was formerly used, but it is not nearly so good as calcium carbonate, besides its price is prohibitive.

The following powders are prescribed:

Calcined magnesia (heavy). Sodium bicarbonate aa gr. ten. Equivalent to 50 grains of soda bicarbonate.

Calcium carbonate gr. ten. Sodium bicarbonate gr. thirty. Equivalent to 55 grains of soda bicarbonate.

These powders are given one-half hour after feedings, from 7:30 a. m. to 7:30 p. m. After 7:30 p. m. they are given every one-half hour until 9:30 p. m. These powders are given alternately unless the magnesia powders cause too

much irritation in the bowel, in which case as many magnesia powders are given daily as the bowel will tolerate, at all other medication periods the calcium carbonate powders are given. The fifteen powders given daily are equivalent to 780 grains of bicarbonate of soda.

These powders, in connection with the food, usually control gastric acidity. However, cases of pyloric and duodenal ulcer that have been associated with stagnation of food and secretions for some time, almost invariably require larger quantities of alkalies.

To determine whether or not acidity is controlled, routine daily control aspirations are made and tested for free acidity. These control aspirations are made just preceding a powder or a feeding, and usually in the afternoon, as it has been found that if free acidity does not occur in the afternoon, it is in all probability controlled during the entire feeding day. In case gastric distress occurs at any time during day or night therapeutic aspirations are made to determine retention and acidity. In cases of pyloric obstruction and retention sufficient to delay the passage of food and secretions out of the stomach in normal time, it is often necessary in the early part of the management to aspirate once or twice during the night in order to remove the irritation of the acid gastric juice.

During the latter part of the close observation or preliminary treatment, the patient is permitted to be up one-half hour each half-day, the time being gradually increased until by the time he is ready to return home he is up and around a good portion of the day.

At the close of this preliminary treatment the physician goes over with the patient his case in detail, his diagnosis, the treatment he has received and the reason for every step taken. The patient is to understand that his treatment is only begun, he is not well, only probably improved. The patient is given all instructions necessary to meet his future needs in conducting his own treatment. If there be any retention he is supplied with an aspiration outfit and

taught how to use it, and how to test the gastric contents for free mineral acid, and in case of free acid how to control it. He is given instructions about his food and powders, his work and hygiene. He is to continue for six months practically the same treatment he is receiving when he leaves the hospital. After six months he is to receive three regular meals per day with milk and cream, and one hour after, a double powder. In the middle of the forenoon and afternoon and before retiring, he is to have milk and cream and one hour after, a single powder.

To forestall any mistakes the patient might make in conducting his own treatment he is given written instruction in detail.

In case during the time of his own treatment he gets into trouble that he cannot solve, he is to return to the physician, and at the end of a year's treatment he is to return for examination.

This treatment fulfills the physiological and pathological requirements necessary for the healing of ulcer. It is not theoretical but fully practical and results are obtained, if the treatment is followed, in practically all suitable cases.

A necessary aid in the treatment is the full co-operation of the patient. If he comes to the physician in distress he soon gets relief which continues and for which he is exceedingly grateful, for no distress is much worse than an ulcer distress.

Besides the patient feels that you are taking him into your confidence in that the treatment is an open and plain book to him, and if he is at any time during his treatment inclined to be careless, the remembrance of his former distress will spur him to rigid discipline. In fact, it is seldom that the patient goes bad in his own treatment.

No other medicinal treatment, I believe, during the past or in the present has combined so completely all the essentials necessary for the complete healing of peptic ulcer. No other treatment has suggested or followed up a method of check except the feelings of the patient,

so essential for the successful treatment of ulcer.

Other methods of treatment have had success, yet we must remember that any treatment that puts the patient at rest, limits the diet to soft foods, and gives alkalis, will improve peptic ulcer, but not necessarily cure, in fact in most instances probably do not cure.

The old and generally accepted belief that gastric juice corrosion is the most important influence that retards healing of ulcer, receives confirmation from the results that are obtained by all methods of treatment that have contributed to the healing of ulcer.

That treatment, however, is most proficient which reduces to the greatest degree the duration and intensity of gastric juice corrosion, and this is claimed and substantiated for this treatment.

Surgical treatment except in selected cases offers little in the way of cure of peptic ulcer or in the prevention of complications. In cases of marked retention with cicatricial scar in the pyloric region, operation for drainage is indicated.

However, after gastroenterostomy food and secretions continue to pass through the pylorus proportionate to the size of the opening that exists through the strictured area of the pylorus and duodenum, so that the ulcer continues to be subjected to the corrosive action of the acid stomach contents, which retards or may even prevent the healing of the ulcer. Gastroenterostomy when properly performed enables the stomach to empty itself in practically normal time, seldom less than normal time, and sometimes portions of a motor meal are retained longer than seven hours as proven by aspiration.

It would seem then that gastroenterostomy does not reduce the normal duration and only to a degree the intensity of gastric juice corrosion, and it is thus questionable whether after gastroenterostomy the ulcer completely heals or is only improved. It would indeed seem rational to follow gastroenterostomy with the regular courses of medical treatment

in order to reduce the possibility of an unhealed ulcer and its dangerous sequelae.

Resection offers a complete cure for peptic ulcer, but it is often impossible to resect duodenal ulcers, or ulcers close to the pylorus and these are the ones that most frequently occur, and cause symptoms and sequelae.

Pyloroplasty removes the obstruction, but does not remove the cause of the continuous irritation of the ulcer, viz: the corrosion of the acid gastric juice.

Surgery of course is indicated in complications of unhealed ulcer such as perforations, severe hemorrhage, perigastric abscess, malignant degeneration and, as stated above, in pyloric obstruction.

In conclusion:

1. Medicinal treatment offers the best means of cure in uncomplicated peptic ulcer.

2. The food must favorably influence the quantity and quality of gastric secretion, and be of such a character and so administered as to restore and maintain the patient's strength.

3. Complete neutralization of the free hydrochloric acid in the stomach must be obtained.

4. Daily check by means of control and therapeutic aspirations, on the free acid in the stomach, is essential to the establishment of successful treatment.

5. Complete cooperation of the patient is necessary in the preliminary and after treatment.

6. The duration of the treatment should be at least one year.

7. It is well to follow gastroenterostomies with a regular course of medical treatment in order to reduce the possibility of an unhealed ulcer and its sequelae.

8. In the healing of peptic ulcer, surgery, except excision, does not remove the cause of the continuous irritation of the ulcer; viz, the corrosion of the acid gastric juice, and may not heal but only improve the ulcer.

9. Surgery is indicated in complications of peptic ulcer.

414 Hume-Mansur Bldg.

## GOD'S GOOD WINE.

By Ralcy Husted Bell.

The bitter wrongs that follow Time,  
As wretched days pursue the soul,  
Are only drops of broken thyme  
To flavor wine in His bowl.

His breath is morning; His smile is noon;

His wine is good for souls that ache.  
Drink deep of wine! For very soon,  
My dear, the Great God's bowl will break.

We live with love a little hour;  
The wine is sweet as honeycomb.  
Drink deep, my dear, if sweet or sour,  
God's wine is good as we go home!

For Indianapolis Medical Journal.

## FACTORS OF LONGEVITY.

A writer gives statistics to show that 25 per cent. of the centenarians whose family histories were traced were first-born children. It is also remarked that members of large families are likely to live long, since the begetting of large families indicates the special vigor of the parents. The conclusion is reached that the chief factors in longevity are an inherently strong and enduring physical organism, outdoor occupations without undue exertion or exposure, a simple and nutritious diet, temperance in all things and a cheerful disposition—the main ingredient in this prescription for longevity being left to the last. Excesses in athletics, in sedentary work, overeating and much drinking are all set down as antagonistic to long life.

The age of one's parents at the time of his birth is a matter of moment in calculating his life expectancy. Children born of fathers who are between twenty and forty years old, or mothers who are between twenty and thirty-five are held to have the best chance of survival. Children born of mothers who are under twenty, and of fathers who are over forty have the poorer chance.



# INDIANAPOLIS MEDICAL JOURNAL

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## EDITORIAL

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### TREATMENT OF HOOKWORM DISEASE—MALARIA PROPHYLAXIS.

The fourth annual report of the International Board of Health (The Rockefeller Foundation) with headquarters at 61 Broadway, New York, is an interesting publication and can be read with much profit by any one. Much of the matter found will perhaps appear in textbooks later on.

Here one can get a good idea of the menace of hookworm disease and also the method used for its control. Something is said about the character of the disease and then its effects.

The effectiveness of curative work is shown by the following excerpt:

Although it is seldom possible to examine every resident of an intensive area, or to treat until cured every person found infected, the co-operation of the people has made it possible to maintain very high average results. In St. Vincent the entire population of one area (more than 2,500 inhabitants) was examined, while the percentage examined of the total population of this and eight other areas in the same island was 99.6. Only 77 persons out of a total population of 20,390 refused to be examined. For the West Indian colonies as a whole, during the three and one-half years that intensive work has been in progress, a total of 165,099 persons have been enumerated in the census, and of this num-

ber only 1,124, or seven-tenths of one per cent., refused to submit specimens for examination.

The number of cures ranges from 75 per cent. to 90 per cent. of the number of persons infected. In no area has it been found practicable to demonstrate, by microscopic examination following treatment, that 100 per cent. of the infected persons had been cured. There is always a small remnant who, for medical reasons or because of refusal to begin or continue treatment, remain uncured in the areas at the close of the work. In Fiji and the Seychelles Islands, in the All Saints district in Antigua, and in the Bogawantalawa area in Ceylon, more than 90 per cent. of the infected persons were cured. Eliminating from consideration the group that, for medical reasons, could not be treated, the percentage cured in these four areas was approximately 95.

#### Drugs Used in Treatment.

In recent years many remedies have been given a trial in the treatment of hookworm disease. Thymol and chenopodium stand out as being much more efficacious than any of the others. There is considerable difference of opinion among men of large experience as to whether thymol or chenopodium is the better drug to use. When smaller doses were used untoward after-effects were rare. This experience led the Commis-

sion to recommend 1.5 mls of chenopodium, divided into three doses of 0.5 ml each, as the standard treatment for hookworm disease. In routine practice a light meal was given on the evening before treatment. This was followed by a purgative dose of magnesium sulphate. A very light breakfast, consisting of milk, or konje, was given on the morning of treatment. The regular dosage was a half ml, or 8 minims, of chenopodium at 7:00 a. m., followed by similar doses at 8:00 a. m. and at 9:00 a. m. At 11:00 o'clock a purgative dose of magnesium sulphate was again administered. It is declared, in some quarters, that when castor oil is used as a purgative the number of cases of poisoning is reduced. The experience of the Commission, however, shows that magnesium sulphate is a safer and more efficient purgative than castor oil.

In an attempt to relieve the laborers from the ill effects of continued purgation and treatment in obstinate cases, the plan of administering not more than four treatments to any patient, and of depending upon post-campaign measures to complete the cure of those remaining infected, was carried out on two estates in the Matale area which had not been provided with latrines. On one of these estates, 86 per cent. of the infected persons were cured by four or fewer treatments; on the other, all those medically fit for treatment were cured. The method of administering a small number of treatments and of depending upon post-campaign measures to complete the cure of cases which remain infected, is of course more economical than the plan of treating each patient until he is cured.

Some of the other activities of the board consists of a campaign to better tuberculosis conditions and malaria and here we note the effect of quinine as a prophylactic.

In a rural community near Lake Village, prophylactic quinine was tried as the sole measure of control. Under the direct supervision of the physician in charge, it was administered to all persons in the community in doses of five grains, morning and evening, making

ten grains a day for two successive days each week. For children under 15 years of age, the dosage was reckoned at one grain for each three years and administered in the same way. A parasite index, taken in May, 1916, when the work began, and again in December of the same year, showed a reduction of 64.45 per cent. The per capita cost of the work, omitting the overhead, was 57 cents. We call to mind that in our last issue of the Journal statistics were given showing the prophylactic usefulness in influenza. These reports came from military camps and demonstrated the successful use of this agent.

The facts that we glean from such reports are of great value. Current hearsay testimony without proof falls into the shadow.

The report to which we have taken a few salient points gives a carefully tabulated summary, leaving no room for doubt.  
S. E. EARP.

#### COMPLEMENT FIXATION FOR TUBERCULOSIS ON 856 SERA.

Linda B. Lange reports and tabulates the results of tests on a large number of sera which were available from the general medical service of the Johns Hopkins Hospital and the patients of the Hospital for the Consumptives of Maryland, at Eudowood. The work was done in the tuberculosis laboratory of the Johns Hopkins Hospital.

Four antigens were used, the bacillary suspension of Miller and the sodium hydroxide extract, the methyl alcohol extract and the potato broth culture filtrate of Petroff. Complete fixation was recorded as + + + +; incomplete fixation down to one-half hemolysis as + + +; all lesser fixations were grouped together; and complete hemolysis recorded as 0. Tuberculosis sera gave 51.5 per cent. of fixations of any degree, while non-tuberculosis sera gave 13.6 per cent. of fixations. The proportion of higher fixations was greater with sera from clinically tuberculous cases. The alcoholic antigen gave the highest percentage of strong fixations in clinically tuberculous cases, and the sodium hydroxide an-

tigen the lowest. With sera from non-tuberculous cases the greatest proportion of strong fixations was obtained with the sodium hydroxide antigen and the smallest with the potato filtrate antigen. There was a greater percentage of strong fixations with the sera of more advanced active pulmonary cases than with those of the less advanced. One hundred and forty-seven sera giving a positive Wassermann reaction were tested with the tuberculosis antigens. Ten sera from patients free from clinical syphilis or tuberculosis gave fixations and twelve from patients in whom there was clinical syphilis but no clinical tuberculosis.

The tests on sera of non-tuberculous patients were of particular interest. There were 273 of these tests representing 47 different non-tuberculous conditions. Of these 273 tests, 40 gave some degree of fixation. It is of interest that of the sera of patients with acute lobar pneumonia reacted to a greater or lesser degree 10 times out of 29; those with acute miscellaneous infections, 7 times out of 24; those with chronic endocarditis, 2 times out of 6; those with syphilis, 3 times out of 49; those with malignant tumor, 3 times out of 27; those with bronchial asthma, 1 time out of 5; those with diabetes, 1 time out of 12; and in the only case tested the serum of one patient with echinococcus cyst reacted partially.

Lange, Linda B.: The complement fixation test for tuberculosis, *American Review of Tuberculosis*, 1918, Vol. 2, No. 9.

In my clinics at the Indianapolis City Hospital I find a great help in the Complement Fixation for Tuberculosis. The diagnosis as presented to the students of the University School, of patients in the bedside clinic furnishes a greater reliability, and too, this embraces the treatment. We are fortunate, indeed, to have Dr. Virgil Moon, pathologist, to do the laboratory work. He has presented this subject several times before the college seminar and also the local medical society. We are glad to use an

abstract of the report from the Johns Hopkins Hospital at the outset of this note.

S. E. E.

#### THE USE OF ALCOHOL IN THE TREATMENT OF INFLUENZA.

If it be true as current report comes to us, that large quantities of alcoholic stimulants are used in the treatment of influenza in the military camps and in the navy, we cannot understand it. It is evident that as a rule the bodily resistance is lowered and that non-alcoholics have a better chance for recovery no matter what the disease may be. As a routine treatment the use of alcohol in any form is to be condemned.

Perhaps Wood is good authority, who says, that it is depressant to the cerebral and spinal ganglionic cells, as well as the nerve trunks; it is not established that it is a stimulant to the respiratory centres, but larger doses depress them, causing death in some cases by centric paralytic asphyxia. It is probably true that small doses may act as a direct stimulant, but if continued it is equivalent to large doses and becomes a depressant or paralyzant. Wood says the evidence relative to its effect upon nutrition is contradicting and he is of the opinion that the chief therapeutic value of alcohol, if it is of any importance at all, is as a temporary imparter of power which will enable the system to stand some strain of short duration—to bridge over some period of weakness. Granting this to be true, we readily see that it is appropriate in an emergency and for a short period only, hence it should not be used except under such circumstances and as routine treatment the patient's chance for recovery is lessened.

Laitinen found from experiments on 342 animals, using anthrax, tubercle bacilli, and diphtheria toxin, that alcohol diminishes the resistance of the body towards infectious diseases. Pawolowsky found that alcoholized animals reacted much more freely to staphylococcus citreus than did the normal animal. It increases the mortality in animals infected

with the pneumo-bacillus and in rabbits it has been shown that the resistance is diminished.

It would seem that as a prophylactic alcohol is not of value, but in lowering the body resistance is damaging and the individual is prone to disease for continuous treatment. We are sure alcohol should be condemned and yet in some localities whisky is given from the outset in influenza. Our own experience is against it and it is more than folly to use it except now and then to "bridge over" and for a short time only. If at once its use does not show favor, its continuous use will do harm.

Dr. Thomas J. Blair, author and editor, has this to say in the December number of the Medical Council:

"There is room for difference of opinion concerning the use and abuse of alcohol, but in the therapeutics of the drug, for alcohol is a drug, there is less room for contending view.

"Certainly lay opinion is not competent in passing upon the problem involved in the use of alcohol in the treatment of influenza, but such opinion has dominated whole communities during the recent epidemic, and has even swayed the views of some physicians.

"We believe we were in position to form some comparative judgment of the merits and demerits of alcohol as a preventive and as a remedy in meeting influenza.

"As a preventive of the disease we found no evidence in its favor, despite many claims. In certain localities where miners, coke burners, cannery workers, etc., were inclined to excesses, the death rate was more than ordinarily high, especially among men contracting pneumonia. This accords with the common experience of clinicians that the alcoholic succumbs readily to typhoid, pneumonia and other serious infections, and in 'dry' territory in which the community was largely de-alcoholized the death rate was low except among those badly housed.

"It is probably entirely true that the person addicted to the regular use of alcoholic liquor requires the administration of a certain quantity of it when he becomes seriously ill, and this was our

experience in the recent incidence of influenza.

"In cardiac failure alcohol succeeds or fails as a remedy just in proportion as it is wisely or unwisely used, and influenza constitutes no exception to the rule. Certainly we encountered cases in which the heart was supported over the danger point by the rational and conservative use of alcoholic liquor; and we saw others in which it appeared to be distinctly harmful.

"But it was in septic cases that alcohol appeared to be of the greater value, and even considerable dosage was well tolerated. Yet the cases doing best of all among those we saw were men utterly unused to alcohol and given none as a medicament. These men were in a pneumonia ward housed in a tent. Fresh air was the keynote in their treatment and the results were certainly most admirable, shaking our belief in a possible necessity for alcohol in septic pneumonia.

"We can see readily enough why some physicians handling pneumonia cases in tents regarded alcohol lightly, while those treating similar patients in crowded tenements held to an opposite view."

S. E. EARP.

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#### TYPHOID LESIONS OF THE CIRCULATORY SYSTEM.

Of recent years instances of embolus occurring during convalescence from typhoid fever have been reported with, it would seem, an increasing frequency. As an embolus must be preceded by an arteritis, phlebitis, myocarditis, or endocarditis, these lesions should always be looked for in typhoid cases. Typhoid arteritis, rare in children, is more common in subjects of from twenty to thirty years of age, and makes itself manifest at a time when recovery appears nearly complete, by a sudden severe pain in a limb, usually the right leg. By pressure over the internal malleolus, when the lower extremity is involved, a painful spot can be elicited which is of considerable diagnostic importance. Any movement of the limb is impossible without a recrudescence of the pain, while

tingling or shooting pains are complained of. At the same time the local temperature is lowered. The vessel becomes more apparent and offers an exaggerated amplitude of the beats with each systole, contrasting with the local decrease of the blood pressure that is noted by the sphygmomanometer. These exaggerated beats indicate a paralysis of the vessel and loss of its elasticity. Then the blood pressure and amplitude of the beats progressively decrease and in some instances completely disappear. These signs indicate that a clot has formed and obstructs the lumen of the artery.

Palpitation of the vessel reveals a hard, painful cord, and in order of frequency come the posterior tibial, femoral, popliteal, anterior tibial, dorsalis pedis, arteries of the upper limb, the iliacs, and external carotid. A certain discordancy exists between the condition of the patient, who constantly complains, and the general temperature, which is not raised.

When acute arteritis involves the aorta the symptoms assume a special behavior. The patient complains of a sensation of retrosternal constriction of a painful type, with dyspnea and a dry cough. The carotids pulsate violently and sometimes the radial pulse is unequal. Dilatation of the aorta is made evident by an increase of dullness and an elevation of the upper border of the right subclavian. The second heart sound is doubled or there is a diastolic murmur at the base. The first sound is prolonged. Finally, signs of dry pericarditis may be detected at the base.

Phlebitis, like arteritis, occurs at the time of convalescence, while acute myocarditis occurs at the end of the second or at the commencement of the third week of the disease, its first manifestation being an erethism of the circulatory apparatus, soon followed by cardiac insufficiency. The pulse is small and compressible, the systolic wave is short, diastolism is exaggerated, while at the same time there is tachycardia. The blood pressure falls. Another important sign is embryocardia, while a mitral

systolic murmur may be detected due to functional insufficiency. There is cyanosis and the urine becomes dark and scanty.

This editorial from the Medical Record for Dec. 14, 1918, is timely from the fact that circulatory defects in typhoid fever are more frequent than some practitioners realize. The most common form of pneumonia which usually occurs past the middle period of the disease is hypostatic pneumonia, although there may be the lobar type. In clinical work I have frequently spoken of "circulatory pneumonia." Heart lesions are usually of a functional character and if heeded and the proper treatment adopted, when in their incipency, we may ward off pneumonia and dilatation. This thought is worthy of consideration in the treatment of typhoid fever. During convalescence cardiac complications may be expected and although there is an element of danger yet such very often respond readily to treatment. It is true the vital forces are low and sustaining treatment is called for, yet we must bear in mind that the nutrition of the heart muscle is below ebb, calling for the use of digitalis or sparteine, or both, and the tincture of nux vomica is an important auxiliary. When digitalis is used for this purpose it is the small dose that is needed; in a sense it might be denominated preventive treatment. The heart can be sustained if it is given attention early. It is well not to wait for the mitral murmur but even if such exists remedial agents usually will overcome the circulatory defect. These are conditions where large doses of digitalis fail to meet the indication. No period of the disease needs so careful consideration as the convalescence stage. Furthermore, at no time is the result of proper treatment so satisfactory. Overstimulation is just as harmful as the use of depressants.

If the disease has continued for some weeks the greatest care should be taken in guarding the patient's vital powers. Exhaustion may very often be prevented by the proper care of the circulatory system and the heart is the organ which

should be watched with the greatest of care. It is fortunate that the heart lesions of typhoid fever are as a rule functional. It is true, by neglect such may become organic and a few may become so even though the greatest care is observed. The way to prevent chest lesions is to safeguard the heart.

S. E. E.

#### THE HAIR MARKET.

A little while ago mention was made of the stir caused in the European hair markets by the Chinese edict abolishing the pigtail. It was prophesied that the importation of vast numbers of Chinese pigtails would cause a slump, but there has as yet been little effect on the price of hair in France. The annual hair fair opened at Limoges on December 29, and prices were on a level with those of recent years. A Paris merchant bought nearly two hundred pounds weight at an average price of between \$10 and \$11 a pound. This was not an exceptional average, as the eight-tenths of ton of hair which was the estimated weight of the whole market was priced at this figure. Bids of from \$60 to \$70 a pound were made for white hair, and of rather less for the rarer qualities of red hair. This hair fair at Limoges is the most important in western Europe, and is attended by dealers from every capital in the world.—New York Sun.

#### OXYGEN BAGS IN ATHLETICS.

The question has been asked whether the authorities in charge of the Olympian games would permit competitors to carry bags containing oxygen from which to take whiffs while they run. Athletes before this have been allowed to indulge in oxygen "jags" to enable them to triumph over their opponents, but it is scarcely likely that with the sturdy Swedes such a practice could be tolerated. The Journal of American Medical Association says that certainly no oxygen-made record will stand for a moment in the estimation of a true sportsman, and adds that oxygen-doped athletes "invite collapse, ruined heart muscle and premature death."

#### INDIRECTION.

Fair are the flowers and the children,  
but their subtle suggestion is fairer;  
Rare is the roseburst of dawn, but the  
secret that clasps it is rarer;  
Sweet the exultant of song, but the strain  
that precedes it is sweeter,  
And never was poem yet writ, but the  
meaning outmastered the meter.

Never a daisy that grows but a mystery  
guideth the growing;  
Never a river that flows but a majesty  
scepters the flowing;  
Never a Shakespeare that soared but a  
stronger than he did enfold him.  
Nor ever a prophet foretells but a  
mightier seer hath foretold him.

Back of the canvas that throbs the  
painter is hinted and hidden;  
Into the statue that breathes the soul of  
the sculptor is bidden;  
Under the joy that is felt lie the infinite  
issues of feeling;  
Crowning the glory revealed is the glory  
that crowns the revealing.

Great are the symbols of being, but that  
which is symbolized is greater;  
Vast the create and beheld, but vaster  
the inward creator;  
Back of the sound broods the silence,  
back of the gift stands the giving,  
Back of the hand that receives thrill the  
sensitive nerves of receiving.

Space is as nothing to spirit, the deed is  
outdone by the doing;  
The heart of the wooer is warm, but  
warmer the heart of the wooing;  
And up from the pits where those shiver,  
and up from the heights where those  
shine,  
Twin voices and shadows swim starward  
and the essence of life is divine.  
—Richard Realf.

The author, Richard Realf, was born in England in 1834, came to the United States and enlisted in the Union army in 1862, wrote a number of poems while in the field, committed suicide at Oakland, Cal., in 1878.

## ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators.

### LOCAL USE OF ACETATE OF ALUMINUM—(LIQUOR BUROW).

Leigh in the Charlotte Medical Journal for December, 1918, calls attention to the value of Burow's Solution.

This preparation under the name of "Liquor Burow" is so widely employed in our section of the country (Norfolk, Va.), both by the profession and by the laity, that I deem it of sufficient importance to bring it before the readers of this Journal, and especially since it has proved itself to be so efficient a remedy. I wish to state distinctly that I claim no originality in connection with its production, although I did introduce it into local use. My attention was first called to the remedy several years ago by Dr. Lustgarten, of New York, who suggested its use in connection with several cases of acute skin trouble in the wards of Mt. Sinai Hospital of that city. Later I saw it employed very extensively in the Clinic of Prof. Kaposi, attached to the General Hospital of Austria. Its preparation was so simple and inexpensive, while the effects of its use were so magical, that I wondered at its not being in general use in this country long ago.

The old adage, "nothing new under the sun," is markedly exemplified in the case of this remedy. Although comparatively a new preparation which has come to us from the other side of the ocean, where it was probably discovered in a scientific way, yet on investigation it turns out to be practically the same as an old household remedy frequently used by the country people, the old fashioned "Vinegar and Clay."

The usual formula of Liquor Burow is as follows:

|                       |             |
|-----------------------|-------------|
| Acetate of Lead.....  | 7 grammes   |
| Sulphate of Alum..... | 20 grammes  |
| Distilled Water ..... | 220 grammes |

This is allowed to stand for two hours. Chemical reaction takes place, resulting in a solution of the Acetate of Aluminum,

the Sulphate of Lead being precipitated. Thorough filtering is required to get rid of the latter. The resulting liquor contains Sulphate of Aluminum in addition to the Aluminum Acetate.

Mr. Allen, pharmacist at the Indianapolis City Hospital, has a large stock bottle of Burow's Solution. While it is an old remedy it is potent. In all local inflammatory affections and especially those of a superficial character the result is good. Dr. Leigh suggests its use in erysipelas, erythema, urticaria. It reduces the pain, heat, redness and swelling.

For a number of years my experience leads me to believe it to be one of the best topical applications. I have "tried it out" and it has not been found wanting.

Dr. Leigh further says: About the face Liquor Burow is employed in a dilution of one part to eight or ten parts of water, that strength not being injurious to the eyes. In other parts it is usually best in a strength of one part to four or six parts of water. Simple bathing of the skin with the remedy has but little beneficial effect. It is necessary that the liquid shall be kept almost constantly on the affected parts. In cases like erysipelas and severe acute eczema, it is best to make constant wet applications. Such troublesome treatment is not essential in ordinary cases, changing the application once in a few hours being sufficient. In these cases, in order to prevent evaporation of the liquid, we cover the wet gauze with an impervious protective, such as rubber tissue, oiled silk, or oiled paper, the whole being held on securely by a retaining bandage. The frequency of the re-wetting depends on the severity of the inflammation. In mild cases changing the dressing morning and night, or even once in twenty-four hours is sufficient, while in the more severe, it is well to re-wet every two or three hours. This frequent adding of fresh solution

does not necessitate taking off the dressing. Fresh liquid may be poured on the gauze by removing the bandage and protective, or in a simpler manner the upper edge of the protective may be raised slightly and the fluid poured in. In using such a wet dressing, it is important, once or twice in each twenty-four hours, to leave the skin exposed to the air for at least a half hour, so that it may get thoroughly dry, and thus prevent a "soggy" condition.

In acne, where it is necessary to open the signs of inflammation have fairly well subsided, it is often best to discontinue the Liquid Burow, or to use it at intervals. Then apply it at night, and apply powdered starch and a dry dressing in the day, or even omit the wet dressing altogether for a few days.

In Acne, where it is necessary to open the little furuncles which form in the skin, the application of a wet dressing of Liquor Burow for an hour or two afterwards, takes away all of the irritation produced by that treatment.

In the most troublesome disease of psoriasis, Liquor Burow is of great help in two classes of cases: first in the acute manifestations of disease; and second, in those cases which come to us covered with masses of tenacious scales. In the latter the wet dressing softens up the crusts and thus permits us to clean them off thoroughly, so as to get our healing ointment at the seat of the disease.

The remedy aids in a similar manner in chronic Eczema where the parts are covered over with hard and tenacious crusts. Ointments and other curative applications do no good in these cases, because they get only at the top of the crusts, and do not reach the real disease. Indeed these crusts and scales often collect and hold the poisonous discharge of the diseased surface and are thus made a constant source of irritation. The application of the wet dressing for a few days, gently cleaning off the parts each time the dressing is changed, will usually in a short time put the diseased skin in the best possible condition to receive the good effects of the other healing remedies.

I believe that failure in the treatment of many skin diseases is due often to the improper use of good remedies. So often do we hear of patients getting a "salve" for some skin affection without any directions as to how to use it. An ointment applied to a surface affected with a pustular eczema and covered with "scabs," will do harm instead of good, by still further retaining the purulent discharges. If the "scabs" and discharges are first cleared away by a few days' application of the wet dressing, the same ointment may do effective work.

As a rule water is irritating to all eczematous eruptions. Liquor Burow is on the contrary soothing to such conditions, and may be used where it is necessary to bathe the parts affected.

In mild superficial infection of the skin the wet dressing, if applied early enough, will abort suppuration. And if suppuration is inevitable, it will make it more circumscribed by reducing the surrounding inflammation. In infected wounds it allays the neighboring inflammation in a similar manner, and also acts as a mild antiseptic on the purulent discharges.

In sprains and bruises the wet dressing quickly removes the pain, and prevents, to a great extent, the subsequent swelling and inflammation. In a sprain of the ankle, for instance, if the joint is immediately enveloped in a wet dressing of Liquor Burow and kept wet and cool, the result is most gratifying. In from twenty-four to forty-eight hours this application will do its work so well that the joint may be strapped and the patient allowed to go about without discomfort.

In stiff joints where passive motion is necessary to restore their function, the treatment usually produces a painful and inflamed condition for some time afterwards. This may be to a great extent prevented by the prompt application of the wet dressing to be left on for a few hours after each treatment.

In conclusion, I would state that Liquor Burow has helped me more in the practice of medicine and surgery than all the other external applications combined, and I can heartily recommend it to the



profession for use not only in the diseases mentioned, but also in many others of a similar character. S. E. E.

### THE SIESTA.

After { Breakfast read awhile;  
Dinner sleep awhile;  
Supper walk half a mile.

Benjamin Franklin was one of the great men of history. The more one studies his biography the greater becomes one's admiration. The advice given above was one of his guiding motives. Some people do not need the second clause. They never work hard enough to make rest necessary. They never think with enough force to have any effect upon their digestion. These comments are not made for them.

It requires a certain amount of nerve energy to manage the process of digestion. Especially when a person is working to the limit of his strength, intense use of the brain or muscle immediately after a heavy meal will divert energy needed in digestion of food toward the nutrition of the brain or muscle. The consequence is that the food eaten becomes a poison to the system in the place of supplying strength. A few minutes of relaxation immediately after the heavy meal of the day gives rest to the organs used in occupational tasks, and enables the stomach to properly begin the conversion of the food into nutritional substances.

Complete relaxation enables the system to remove the waste of mental or physical labor from the brain or muscle. The carpenter whose bench is buried deep in shavings and sawdust is constantly losing his tools and making errors in his work. He must keep his bench clear. It is just as necessary for the brain worker to keep his mental bench clear, or for the muscle user to clear out from his muscles the results of muscle work. This is accomplished by a short period of rest. It is easily demonstrated that efficiency in any kind of labor is increased by periods of rest and relaxation.

It is not necessary nor best that the

noonday rest be prolonged. Ten minutes of sleep in the middle of the day is often worth more than an hour at night. Long sleep tends to create a habit of sleep which makes the brain dull, but the length of the rest must bear some relationship to the length of the day's work. If the day's work is long the siesta needs to be longer than when the hours of labor are short.

Rest implies that the muscles are relaxed. It is just as important that the brain be relaxed. When one wishes to sleep he must stop thinking. For some this is very difficult, but it should be an invariable rule that when one lies down to sleep he must drop all the cares and problems of his life. If he must think, let him look at the mental pictures of childhood's experiences. The mind must be kept away from all ordinary work.

In the summertime there is another reason for taking a siesta. Production of body heat is a natural result of mental or physical labor, and when the air is overheated bodily temperature can not be so easily relieved of excess of heat. This reduces efficiency of work and it may be dangerous to health and life. This danger is greater when the air is saturated with moisture, so that it takes less of the perspiration from the body. This explains why heat prostration is so common in steam laundries.

In hot climates it is customary to close places of business in the middle of the day. Everyone expects to sleep. The time thus lost is made up by use of the evening.—Illinois Health News.

### BURNS OF THE FIRST DEGREE.

In burns of the first degree, where the skin is simply scorched, the principal indication in the treatment is to relieve the burning sensation which accompanies the redness. This may be done by the continuous application of lead lotion (a teaspoonful of the liquor plumbi subacetatis to half-pint of cold water) or by a one per cent. aqueous solution of acetate of aluminium. Pieces of lint should be soaked in one or other of these lotions, applied over the inflamed surface,

covered by a layer of cotton-wool, and kept in place by a loose bandage.

Compresses of sodium bicarbonate solution (about a tablespoonful to a pint of water) may be substituted but are less effective.

When the burning sensation has been relieved the compress should be removed and the skin dusted over with zinc oxide, talc, or some other bland powder. After being powdered it should again be covered with cotton-wool and bandaged so as to avoid friction.

If the forearm be severely scorched it may be an advantage to keep the part immobile by a splint and a three-cornered bandage, and in the case of the leg to lie up for a day or two.

Where the erythema is intense great relief may be obtained from the application of pieces of lint soaked in a two to five per cent. aqueous solution of ichthyol.

When the redness has sufficiently subsided to render the cotton-wool and bandage unnecessary, calamine cream (prepared calamine one dram, zinc oxide one dram, almond oil one ounce, lime water one ounce) should be rubbed gently over the burned area, the superfluity wiped off, and dusting powder applied so as to leave the skin perfectly dry. This treatment is soothing and prevents minor degrees of friction.—Medical Summary.

#### IS BELLADONNA A LAXATIVE?

We have often wondered why belladonna should be an important component of laxative pills and tablets. The average content of belladonna in a standard cathartic tablet is not less than one-eighth grain of belladonna. Some of them contain more. The sufferer from obstinate constipation is often obliged to take three or four tablets, if not more, to obtain free catharsis. He may wonder why he awakes the next morning with a dry mouth and a "dark brown" taste. Belladonna is the answer. What is the efficacy of belladonna in constipation? We know that it has some peculiar action upon the intestinal mucosa but that action is for the most part of a drying

nature. Intestinal secretion is checked and a certain reaction is supposed to result by which the secretions are in the end rendered more copious. This latter may be true, but in the language of the Scotchman, "we have our doots." The writer is of the opinion that no good comes from belladonna when catharsis per se is desired. In fact we know that it often adds discomfort to the patient. Belladonna and its alkaloid are among our most serviceable remedies when they are indicated. It is seldom they are indicated in constipation. Manufacturers employ it in producing tablets because they got started at it and it has become custom. Physicians have come to believe that it is a desirable ingredient. No one has ever stopped to doubt its utility in this connection. Now, of course, we are wrong in this contention since everybody is on the other side, but we are willing to be shown just what valuable therapeutic role this drug plays as a bowel eliminant.—Medical Summary.

#### TREATMENT OF TUBERCULOSIS

Pottenger, in speaking of the treatment of tuberculosis in the Medical Herald for December, 1918, says:

While it is unfortunate that we have not as yet found a remedy for tuberculosis which ranks with mercury and salvarsan in syphilis, quinine in malaria, and antitoxin in diphtheria, yet there is much room for encouragement in treating this disease by present day methods. Unfortunately present methods require much time devoted to treatment, are not generally understood by the profession as a whole, and are poorly adapted to all patients, except those who will approach treatment with an intelligent understanding and cooperation. If only there were some specific medicine to give or some specific remedy to inject, then tuberculosis could be treated successfully by physicians generally; but until our scientists give us some such measure, practitioners in general will continue to say that they are unable to cure tuberculosis by open air and food, and will

continue to feel pessimistic regarding its eradication; and its successful treatment will have to remain in the hands of those who give the disease special study.

There are two elements in the healing of tuberculosis: (1) the local stimulation of the focus of disease by the reaction which takes place between the bacillary products and the antibodies formed by the patient's tissue cells; (2) the formation of defensive substance, both general and specific, by the body cells.

The bacillary products which unite with the antibodies and produce focal reaction may be furnished by the patient himself from the bacilli which cause his infection; or may be introduced from without in the form of products known as tuberculin. The specific stimulation of the focus of disease by this reaction is a very important factor in healing. Tuberculin when administered intelligently will supplement the products furnished by the patient. My experience in its employment for many years leads me to believe that it will add at least 20 or 25 per cent. to the average patient's chances of cure; and in many will be the determining factor in healing.

Whether tuberculin is used or not, the main point in cure is the life that the patient lives. Resistance must be kept high for a prolonged period of time, until healing takes place. How long this will be differs with the character and extent of the process; the underlying nervous, psychic and physical reactivity of the patient; the ability of the physician to outline an intelligent and sufficient line of treatment; and the willingness and ability of the patient to give a whole-hearted co-operation. It will be long enough under the best conditions, and is much prolonged under less favorable circumstances. Early cases require from six months to a year of treatment and should be under observation for a year longer; moderately advanced cases require from two to six months longer for treatment, and a correspondingly longer period of observation; and far advanced cases can rarely be dismissed in less than ten or twelve months, some even being compelled to spend two or

three years in obtaining an arrestment, after which they must still be observed for a period of two years or more.

The patient who desires to recover from tuberculosis must be willing to accept disappointments, practice self-denial, and cooperate until the disease heals. He must not have the attitude that he is working for health to please his physician; on the other hand, he must know that the physician is the instructor who is teaching him and helping him to play his own game. The game is worth it only because it offers hope of reward.

If only the difficulties which are attendant upon obtaining a favorable result in this disease at any time after it has become a clinical entity, and the comparatively greater difficulty of doing so when the disease has become advanced, could be impressed upon both laymen and the members of our profession, so that physicians would be consulted early and early diagnosis would be made, then the time and money spent in the treatment of tuberculosis would be reduced by one-half; the percentage of favorable results would be increased three-fold; and invalidism would be immeasurably reduced. This can be accomplished even with our present imperfect method of treatment, which, as previously mentioned, amounts to making the patient live so that his resisting power may be maintained at a high level in order that his body cells may respond with large quantities of defensive bodies and to keeping him so living until the diseases have time to heal.

Factors which aid in keeping resistance high, are such as open air, good food in sufficient quantities, properly regulated rest and exercise, heliotherapy, hydrotherapy, various medicinal tonics, procedures which relieve symptoms and complications, among which must be mentioned artificial pneumothorax, and carefully applied psychotherapy. Each of these will, when properly applied, add its five, ten or twenty per cent to the patient's chances of cure. None of them should be considered as a "cure" for tuberculosis in itself. All are aids when

properly employed, and many even can do harm when employed in a wrong manner. I do not hesitate to assert that what seems so simple a measure as "exercise," wrongly applied, has been responsible for more deaths in tuberculosis than any other single measure.

#### THE CLINICIAN AND THE LABORATORY.

Clinical Medicine remarks that the trend of modern medical thought is toward chemical and biochemical investigation, and the value of clinical data naturally is discounted unless the latter can bear the searching scrutiny of the cold eye of the laboratory. This is as it should be. However, it does not follow that clinical conclusion should be discredited or discarded while awaiting laboratory proof. Moreover, when with almost unfailing regularity certain definite results follow upon certain definite procedures, one may be forced to conclude that dependence of the former upon the latter is real, and not chimerical.

This opinion, expressed in an article in a recent issue of the New York Medical Journal, only repeats a conviction which we have voiced more than once in the past. It has so often been pointed out that the "cold eye of the laboratory" arrogates to itself too great a power of decision and that it leaves out of consideration the unquestionable value of clinical observation and experience. If the laboratory worker desires to subject everything to chemical or biochemical tests, and if he is prone to go too far by crediting the value of these tests with almost mathematical certainty, the clinician in part is to blame himself, because he has in the past looked up to the laboratory-worker and deferred to his opinion more than was justified by facts.

It is within the memory of many of us that medical research was carried on almost entirely by clinical observation at the bedside. Animal experimentation for the purpose of elucidating purely medical problems were first undertaken only at about the middle of the past century, although Albrecht Haller (1777) already

utilized animals in experiments in physiology. Through all the centuries preceding the last one, the total of medical knowledge had been gained by observation, and it is a cause of constant surprise and admiration that this observation has been so correct and that deductions had been justified so fully as actually was the case. One need but recall in proof of this certain descriptions of Hippocrates which hardly can be surpassed by the most modern treatises in clinical acumen and common-sense reasoning.

It is true that laboratory-research, chemical investigation, and experimental medicine, supplemented by pathological physiology, has aided us in elucidating many problems that had been obscure. Yet, however much the results of these more recent researches contributed to secure more favorable results in the treatment of patients, they have extended more to details than to principles.

All these things are true even more now than they were in times past. We desire to warn against neglecting the study of the patient as a clinical entity in favor of purely laboratory-research. It must never be forgotten that even in experimental medicine the methods of investigation never can be absolutely positive and that there always is the unknown factor, even in animals, of individual peculiarity. This factor exists in even greater degree in human beings, where the mental processes play so important a role in coloring the subjective symptoms and where the individual equation is a large factor in regulating the yielding of the organism to disease.

This might be carried further. However, there is another point that can be made in support of clinical observation. While in the last twenty years or so pharmacology has done much to establish the value of certain drugs and therapeutic procedures, it can not be maintained with justice that all the prior observations and studies given the action of drugs upon the diseased human organism were useless, or that their conclusions have to be discarded. Indeed, ultimately, pharmacological experiment has to conform to clinical conclusions based upon experiences at the

bedside, and these never can be replaced entirely by pharmacological experiments.—Medical Standard.

Just paste in your hat that bedside observation takes precedence of all, but laboratory help should be in evidence and is an adjutant.

#### CARDIAC AGENTS IN INFLUENZA.

In the Medical Summary for December, 1918, Dr. Geo. L. Servoss says that in the treatment of influenza when there is evidence of depression he gives:

R Powd. digitalis,  
Powd. squill,  
Sparteine sulphate . . . .ã gr. xxiv  
Powd. ext. nux vomica . . . gr. viii to xij  
M. Ft. Capsules or pills No. 24.  
Sig.—One capsule or pill two or three times a day, according to condition of patient.

This can be given each three or four hours if symptoms so indicate.

#### THE DIFFERENTIAL DIAGNOSIS BETWEEN FUNCTIONAL AND ORGANIC PARAPLEGIA.

Williamson, in the British Medical Journal, refers to the importance of differentiating between cases of malingering or functional paraplegia and those of organic disease. Certain reflexes are of the greatest service in the differential diagnosis and early recognition of organic disease. Especially valuable in early cases are the Babinski or Oppenheim reflex, and in many cases the loss of the tendo Achillis reflex. The chief difficulty occurs when the knee joints are not lost, and when ankle clonus, rectus clonus, and clasp knife rigidity are not obtained. In many cases the Babinski or Oppenheim reflex is diagnostic of organic disease; in others the plantar reflex is not of the Babinski type, and it may be lost or feeble, in which case the loss of the tendo Achillis reflex would be diagnostic of organic disease. The following are combinations of diagnostic importance, especially at the onset of a number of organic affections: Paresis with loss of the tendo

Achillis reflex, as in early anterior poliomyelitis—chronic, subacute, or acute; Paresis with loss of the plantar reflex and loss of the tendo Achillis reflex (in many organic diseases); Paresis with double sciatica, and loss of the tendo Achillis reflexes, as in early cauda equina lesions; Paresis with loss of the tendo Achillis reflex, loss of vibrating sensation, and pains in the legs, as in early peripheral neuritis; loss of the vibrating sensation with very slight incoordination and very slight paresis, with or without a Babinski reflex, as in early combined postero-lateral degeneration of the cord; paresis, with Babinski reflex (in many organic affections); paresis with loss of the vibrating sensation and Babinski reflex (in the early stages of several organic diseases of the cord); root pains, or root symptoms, followed after a period of weeks or months by paresis as in meningeal spinal tumor. In all these early combinations, Williamson points out that the knee-jerks may be obtained. In difficult cases, he has found the Babinski or Oppenheim reflex, the loss of the tendo Achillis, and the loss of the vibrating sensation whilst other forms of sensation are unaffected, of the most value in reaching a diagnosis.—Charlotte Medical Journal.

#### REDUCING DISEASE.

We see the results of indifference to personal health more especially in the large cities and crowded communities; among such the circumstances of life render people more susceptible. But we are willing to venture the assertion that if popular education in hygiene were as thoroughly conducted as it ought to be, the percentage of cases of all infectious diseases, of chronic respiratory disorders, of chronic digestive disorders, and of venereal diseases, would be reduced more than one-half in the next generation after such thorough teaching had been propagated.

Such knowledge should be available to all, even the poorest. It is a mistake to suppose that dirt and disease are inevitable and necessary accompaniments of

poverty. They are rather the accompaniments of ignorance, indifference and loss of self-respect.

Why are people's persons and homes dirty? Because they do not realize the necessity of keeping them clean. Why is their food unwisely chosen and badly cooked? Because they know no better. It isn't because it costs any more to do otherwise. Why are houses built in unsanitary places and badly ventilated? Why are they poorly equipped with plumbing? It is in most instances because the builders do not know enough about the dangers of such conditions to care. Indifference goes with ignorance; contrariwise, as knowledge increases indifference diminishes. The same may be said of factories, unhealthy methods of manufacture, of child labor and long hours for women and of the evils of these establishments are due to thoughtlessness, that is to say, ignorance.

What, then, should the public be taught, and how should it be taught them?

In the first place, they should be taught the physiology of digestion, respiration and procreation, the nutritional values of various foods and how to prepare them, the science of ventilation, the dangers of bad air and the safety of fresh air, in order to dispel the popular fear of the latter, the value of hydrotherapy, the physiology of infant life and nutrition, the sources of bacteria and how to prevent the introduction and spread of infectious disease.

These, in a general way, are some of the subjects for popular education. How should these subjects be taught? The most available place for the instruction of the young is the school. Here there should be competent instructors and directors of physical culture and athletics who would also be teachers of physiology and hygiene—preferably physicians. The present method of teaching physiology in the public and private schools is little short of an absurdity, so little time and care are given to it in proportion to its importance. Furthermore, such teaching is usually done by someone who needs instruction quite as much as the pupils. In addition to school instruction, there

should be public lectures and demonstrations for children and adults, with special courses for the latter in matters pertaining to procreation and care of children.

Another way of spreading such knowledge would be by more complete medical inspection in the homes of the poor, and by the help of the district nurses, who, after such inspection by a physician, should be sent to correct unhealthy conditions of living by practical instruction and help. Literature upon these matters could be circulated freely in the form of a monthly or weekly paper issued by the sanitary authorities of the community.

Sickness is unquestionably an economic loss to everyone, directly and indirectly; and it is everyone's duty, both from a selfish and from an altruistic point of view, to do all that he can to prevent it.—  
Medical Standard for December, 1918.

#### MASKED SYPHILIS.

Under the heading of "Masked Syphilis" Dreyfus (*Annales des Maladies Veneriennes*) reports the following interesting cases:

(1) Acute polyglandular rheumatism, with pleurisy and endocarditis, in a girl of 20 years. Intensive anti-rheumatic treatment gave no results. Wassermann strongly positive (blood and spinal fluid). Spirochetes were found in the centrifugalized fluid from the pleural cavity. There was complete cure after specific treatment.

(2) Varicose ulcers in a man of 65, with extensive ulcerations on both legs of ten years' duration. Unsuccessfully skin grafted. The multiplicity of the ulcers, absence of varicose veins in the right leg, enlargement of the postcervical glands and positive Wassermann, indicated the syphilitic etiology of the disease.

(3) Chronic articular rheumatism in a woman 61, of ten years' duration, with a tendency to deformation. Pain worse at night. Former treatment without avail. Wassermann positive. Immediate cure under specific treatment.

(4) Anal fissures in a girl of 23 years, without any of the stigmata of heredo-

syphilis other than a certain assymetry of the face and separation of the upper incisors. Wassermann positive. Immediate cure followed antisyphilitic treatment.

(5) Scrotal and macroglossia, also ozena and chronic gastritis in a woman of 26, of ten years duration. Married four years; no miscarriages or children. No history or evidence of syphilis. A sister had typical Hutchinsonian teeth. Wassermann reaction positive in both sisters. Father admitted having contracted syphilis years previously. Under treatment the ozena and gastritis disappeared entirely.

(6) Hypertrophic alcoholic cirrhosis of the liver, the patient having been tapped six times and having been given up as hopeless on ten different occasions. A seventh paracentesis was made and 20 liters of fluid removed. Patient apparently moribund, and presented for examination a greatly enlarged liver covered with tumors of various sizes and consistency. Wassermann reaction positive, although patient denied venereal infection, but admitted alcoholism. On further questioning he remembered having had a small painless lesion on the lower lip twenty years previously followed by enlarged eruption on the body. Antisyphilitic treatment brought about complete recovery.—Charlotte Medical Journal.

#### THE ARGYLL ROBERTSON PUPIL.

Dunn, in Archives of Ophthalmology, presents an original, and perhaps new, theory to explain the occurrence of the Argyll Robertson pupil. After discussing the accepted theory of the course of the primary light reflex he questions whether the course is really so intricate, and presents evidence in favor of the view that it is through the "retina, nerve cells to the pigment layer, and along this to the ciliary region where impressions are made upon the sensory nerve terminals therein, which impressions are conveyed to the ciliary ganglion, where they arouse efferent impulses along its motor fibres to the sphincter pupillae. . . . It is the abolition of this primary reflex of the ciliary ganglion which gives us the Argyll Robert-

son pupil." He objects to the statement that the consensual reflex is abolished, and maintains that it simply is not called into play, because the two pupils, not being responsive to light, do not change their size, and the reflex is absent because there is no call for its manifestation. Incidentally, in the discussion of the consensual reflex, he suggests that it is possible that the cones of the retina represent the terminal mechanism for the reception of impulses to the geniculate and quadrigeminal nuclei, the rods that of the impulses to the subthalamie sympathetic ganglia. The contraction of the Argyll Robertson pupil he refers to the motor impulses from the third nerve nuclei acting without modification of the sympathetic fibres when the sensorimotor and sensori-sympathetic connections in the ciliary ganglion are broken. Several factors contribute to make one pupil larger than the other and give anisocoria. The secondary dilatation of the pupils shows, he thinks, advanced changes in the ciliary ganglia with beginning destruction of the transganglionic third nerve fibres. Finally, he believes that the complete type of Argyll Robertson pupil can not be produced by a lesion anywhere save in the ciliary ganglion, and even there can not be produced save by the selective action of a toxin or germ, which up to the present has been shown to be the result only of syphilitic infection.—Medical Standard.

#### DIPHTHERIA AND DIPHTHEROID BACILLI IN OPEN WOUNDS.

In the Canadian Medical Association Journal for September, 1918, are published the results of an investigation concerning diphtheria and diphtheroid bacilli in open wounds, conducted by a commission of the Canadian Army Medical Corps, composed of Colonel J. G. Adami, Major F. B. Bowman, and Captains P. Adams, A. G. Fleming, C. D. Farquharson, C. Imrie, and R. M. Janes. The conclusions were as follows: (Morphologically and in the early stages, culturally diphtheroid bacilli from wounds are, many of them, indistinguishable from *B. diphtheriae*. (2) Harmless, non-toxic bacilli may be present in wounds

affording cultures possessing the same sugar formula (dextrose, lactose, saccharose, and dextrine) as does the true virulent Klebs-Loeffler bacillus. (3) It is not justifiable, therefore, to make a diagnosis of diphtherial infection of wounds, either from smears alone or from stained preparations and cultural characteristics. The demonstration that the bacilli produce toxins, ectotoxins, the result of inoculation of both cultures, is alone capable of proving the presence of infection by the true virulent *B. diphtheriae*. (4) By the staining, cultural, and fermentation tests, four cases of apparent diphtheria infection have been detected in a careful bacteriological study of 306 cases of open wounds. By the decisive test of inoculation these are reduced to two.—Medical Standard.

#### THE TREATMENT OF ECLAMPSIA.

The readers of the Therapeutic Gazette will remember that not long since we pointed out in a leading article the radical changes which had taken place in the views of gynecologists concerning the treatment of purperal sepsis, point-out that the radical method of curetting served only to open up new avenues of infection and thereby jeopardize the patient's life. Our readers will, we think, be much interested in another contribution of obstetric bearing recently made by Edgar, of New York, upon the treatment of eclampsia. He admits that, as yet, we are woefully ignorant as to the exact cause of this condition. It is, of course, a toxemia, but its exact nature is not understood, and it would seem that the poison, and possibly the underlying condition in each individual case differs materially from that of its predecessor. In some instances it appears to be a hepatic toxemia, in others a renal toxemia, in still others acidosis seems to be very definitely present.

Much can be done to put aside the onset of eclampsia if the patient is carefully watched during pregnancy, but, as Edgar points out, amongst all classes, and particularly amongst the lower classes, many pregnant women are not examined until the actual onset of labor, and there-

fore an unduly high blood-pressure and other warning signs of approaching calamity are not discovered.

The first point, therefore, that we wish to emphasize is the necessity of carefully watching the pregnant patient, but this is not the most important point to which we wish to call attention in this note. As Edgar well says, for many years the objects in view after the onset of eclampsia have been to control the convulsions, eliminate the poisons, and terminate the pregnancy, but these three principles of treatment have been somewhat modified of late in his opinion. He believes that from eight to ten per cent as a minimum of eclamptic patients will die no matter what treatment is used; that eighty or ninety per cent will recover under conservative treatment, by the term conservative treatment meaning the avoidance of measures which are so heroic as to be what he calls "shock producing," and this holds true whether the measures are operative or medicinal.

Possibly one of the most noteworthy points in this communication is his statement that although at one time he was an advocate of active surgical and medical treatment and bitterly opposed to morphine in eclampsia, his experience during the last few years has radically altered his views and his teachings. He says that like many another obstetrician, he is free to confess he has been won over to the use of this drug, and adds that he stands for a reasonably conservative treatment, avoiding incisions of the cervix, accouchement force, difficult forceps procedures, or turning, and vaginal or abdominal Caesarian section. He also is opposed to ultra-conservative treatment with its main reliance on morphine and elimination, and fully recognizes the point which we have already mentioned, namely, that as long as eclampsia is an unknown quantity no single treatment is applicable to every case.

When a conclusive seizure occurs Edgar does not approve the use of chloroform, nitrous oxide, or ether, on the ground that chloroform tends to produce



changes in the liver, nitrous oxide tends to raise blood pressure and increases cerebral congestion, and possibly we might add that ether, by reason of its irritant properties, tends to induce pulmonary edema. His advice is to use one-half grain of morphine hypodermically in place of vapor anesthesia, to wash the stomach out with sodium bicarbonate solution, then to place two ounces of magnesium sulphate in the stomach before the withdrawal of the stomach tube, or in place of the magnesium sulphate to use three drops of croton oil in sweet oil. He does not approve of sodium chloride solution for colonic irrigation, but thinks well of the use of several gallons (from four to five) of a five-per-cent glucose solution. The patient should be kept as quiet as possible and the morphine repeated in doses from one-sixth to one-quarter grain to keep the patient under control, with respirations at the rate of ten or twelve per minute. Sometimes thirty or forty grains of sodium bromide are used by the rectum, in addition, but chloral, according to Edgar's method, is never employed.

Edgar does not think that morphine is a material factor in increasing infant mortality. He does not bleed as frequently as he did at one time, as he thinks that this concentrates the poisons in the blood. From having been an active exponent of the use of *veratrum viride* as a remedy to reduce blood-pressure, he says he frankly confesses to having changed his views of its value in large amount, although he still uses small doses in selected cases. When collapse of the cardiovascular system is threatened he uses caffeine, adrenalin, cupping, and even strychnine, thereby carrying out the point which we have long emphasized in our teaching, namely, that *veratrum viride* is indicated in cases in which there is a high blood-pressure, and a strong heart, and contraindicated in a patient presenting the opposite conditions.

Possibly the point of greatest interest in Edgar's communication is his conversion to the morphine method of treatment, because for years the preva-

lent idea amongst members of the profession has been that eclampsia is largely due to renal inactivity, and it is also the conception of many that morphine must be used timidly, or not at all, when the kidneys are inactive. We think that this proposition is becoming less popular and that medical men use morphine in renal disease more than they did at one time.

One or two sentences in the concluding portion of Edgar's communication are particularly noteworthy. He reiterates that difficult forceps operations, forcible dilatation of the cervix, incisions of the cervix and vaginal Caesarean section have no place in the treatment of eclampsia at term, that if any anesthetic is used it should be ether, and that if any forceps operation is resorted to it should be the low forceps operation. Hydrotatic bags to induce, or shorten, labor, or manual dilatation of a soft, already partially dilated cervix to allow the obstetrician to resort to a medium or low forceps operation, are permissible, and if low forceps cannot be employed then perforation of the head and careful extraction of the body is justifiable to shorten the interval after the first convulsion before delivery. The other noteworthy statement which he makes is that he recognizes that abdominal Caesarean section will always have a place in the treatment of eclampsia, but that the indications for this operation have been materially cut down because of the remarkable results which have been obtained from the use of morphine in full doses. Apparently Edgar does not believe that the intensity of the toxemia is an indication for Caesarean section, but rather that section is to be done in primiparae who have a twenty-hour labor ahead of them. In multiparae in whom there is reason to believe that a short labor will occur the need for section is not so great. To put it differently, abdominal section at term and vaginal Caesarean section during the last third of gestation have their indications in first-labor patients with undilated servix, scanty and bloody urine, profound toxemia with coma persisting during the

whole period between the convulsions. Another indication is persistence of cyanosis during the intervals.

Perhaps this whole matter may be summed up briefly by stating that Edgar's views are apparently as follows: Control the nervous symptoms by adequate amounts of morphine given by the needle; demand active elimination by purgatives in sufficient dose to overcome the constipating effect of morphine; avoid depressant drugs, except in rare instances, with a very high pressure; and resort to abdominal or vaginal Caesarean section only in the type of cases which have just been described.—*Therapeutic Gazette*, Dec., 1918.

#### PNEUMONIA PROPHYLAXIS.

E. A. Fennel, Washington, D. C., (*Journal A. M. A.*, Dec. 28, 1918), notices the slight attention that has been given to prophylaxis as compared with treatment during the recent epidemics. Theoretically, he says, any disease of microbic origin, in which spontaneous recovery is at all possible, should yield to specific prophylactic measures. That spontaneous recovery from pneumonia is possible has been long known and Fennel reviews the history of the prophylaxis methods, the work of Wright, Lister, Austin, and others in the development of prophylaxis of this disease. Especially the work of Lister is noted, who was able to construct a vaccine limited to those types most potent in the production of lobar pneumonia on the Rand in South Africa. Cecil and Austin have prepared a saline pneumococcal vaccine, much after the fashion of Lister, which was used at Camp Upton under the direction of Col. Russell, to vaccinate 12,519 men and proved an efficient prophylactic. It has, however, certain distinct disadvantages. Its production on a large scale is difficult and somewhat expensive and the time limit of its usefulness, owing to comparatively rapid autolysis, must be short. It must be given, to be effective, in at least three and preferably more doses at seven day intervals, hence the difficulties are obvious. Almost all these

disadvantages, however, are overcome by the use of a pneumococcus lipovaccine in which the bacteria are suspended in an oil or liquid vaccine. Not only does the oil retard absorption, but there is reason to believe that the lipoid substances directly reduce the toxicity. Such a vaccine was elaborated late in 1917. The work on it was somewhat delayed as a triple lipovaccine had to be perfected, one that subsequently came into use in the army instead of the saline. One of the lipovaccines in the tests which could be given in one dose and cause only slight reaction was found to be so far superior to the other three types that it was made on a larger scale, and the wisdom of adopting it as a general but voluntary measure in the army was confirmed. The method of its production is detailed, and it is said to be imitated by several commercial firms. Preliminary clinical reports seem to be highly satisfactory. Fennel does not here consider the many "mushroom" vaccines that have sprung up during the pandemic and credits them with little established value. A vaccine for this purpose must come from a source that is beyond criticism and capable of large production.

#### SPECIFICITY OF THE SALICYLATES IN RHEUMATIC FEVER.

Hanzlic, Scott and Gauchot contributed an article with the above title to the December number of the *Journal of Laboratory and Clinical Medicine*.

The conclusions do not differ from the general acceptance of the usefulness of the salicylates. They conclude that the number of cases is too small to draw definite conclusions. However, this much may be said, namely, that so far as the acute symptoms of rheumatic fever are concerned, these can be promptly and effectively relieved by combinations of antipyretics and analgesics chemically different from salicylate. It is also possible to obtain permanent relief with these. If to this are added the favorable reports of J. L. Miller with foreign protein and rest alone, and the numerous recurrences of the disease in patients re-

peatedly treated with salicylate in large doses, then it may be provisionally concluded that salicylate possesses no thoroughly demonstrated specific action in rheumatic fever. It is no more than a symptomatic remedy which can be safely administered in very large doses, and represents a fortunate combination of both antipyretic and analgesic qualities which makes it much more suitable, and, also desirable for the treatment of rheumatic fever than combinations of opiates and various antipyretics. The injurious effects of salicylates on renal function and the kidney might be raised against the promiscuous and unwarranted use of the drug, but its efficiency and desirability as a symptomatic remedy in rheumatic fever may be regarded as outweighing the seriousness of these disturbances.

#### "THE CHLORINE ANTISEPTICS."

In spite of a strong movement against the use of any antiseptics, on the basis mainly that by a dependence upon them the rules of cleanliness and of sound surgery are likely to be neglected, there is a growing tendency toward the use of chlorine as a wound cleanser, and an increasing number of surgeons are employing it in preference to all other agents, with what seems to them a satisfactory measure of success and one which engenders in them, as a result of clinical trial, a growing confidence in its efficacy.

The popular conception of an antiseptic available for surgical use is that it destroys germs. There is a further somewhat vague belief that certain of the antiseptics not only destroy germs upon the surface, but have penetrating powers and can reach those in the tissues. There is a generally accepted idea that all powerful germicides, whilst destroying germs, also exercise a deleterious effect upon the living cells which it should be their function to protect, and loss of faith in germicides is incident to the circumstance that many of them, in the dilution used and method of application, are entirely inefficient; others, whilst destroying infection, exercise an

even more deleterious effect upon the tissues of the body.

It is undoubtedly true that the first requisite of an antiseptic is bacterial destruction; hence the first test of its efficiency is made by trying out its bactericidal qualities. In this respect chlorine is superior to all other available antiseptics. Formaldehyde can be put aside, because of its intensive irritating qualities.

Chlorine to become available for surgical use must be robbed of its irritating qualities. This has been done by Dakin and Dunham. Its method of application has been standardized by Carrell, who takes the infected areas with a frequent change of solution, since its antiseptic value has disappeared in the twenty minutes after its application. Another method of application is by dichloramine-T, in oil solution, the antiseptic coefficient of which is in oil fifty times greater than that of carbolic acid, and as compared to a 2-per-cent watery solution of carbolic acid, is more than 2000 times as efficient.

The oil used as a solvent for the dichloramine-T is called chlorcosane, and is first treated by chlorine until it can take up no more of this agent; thereafter the dichloramine-T is dissolved in it in a 5-per-cent solution. Applied to a wound it remains efficient for more than twenty hours; hence a daily dressing is sufficient.

The chlorine antiseptics in the strength used are unirritating, do not inhibit phagocytosis, and seem to have no deleterious influence on those tryptic ferments which cause a solution of both bacteria and of dead tissue.

The dichloramine-T oil solution has not the same solvent effect on necrotic tissue or fibrinous exudates as the hypochlorite watery solutions. Hence under given circumstances the latter is distinctly preferable. Until sloughs are removed from extensive wounds, until the pseudomembrane from an empyema, for instance, has been dissolved and discharges, the Carrell-Dakin technique is indicated. Its long-continued use seems attended by no particular advantage—

indeed, the reverse has at times seemed apparent.

With either solution suppurating surfaces of practically any extent, providing there be no necrotic material, or foreign body, can be rendered sterile. Moreover, in wounds thus treated there is a conspicuous absence of that expression of illness the result of either an active and massive or long-continued absorption of toxins.

Until something better is discovered, the chlorine antiseptics bid fair to become those most commonly used in both civil and military practice.—Therapeutic Gazette.

### THE PNEUMONIAS.

While our knowledge of acute inflammation of the lungs, known as pneumonia, is still meager and wholly lacking in many particulars, we are justified in at least tentatively and timidly making some suggestions. During the Spanish-American war we recognized typhoid fever and included all of a certain group of diseases under this designation. We now distinguish between typhoid and the paratyphoids, and of the latter we know that there are at least two. We distinguish between the bacilli causing the typhoidal diseases and we know that a vaccine which protects against typhoid does not protect against paratyphoid, and vice versa. The facts seem to justify us now in using the word pneumonia in the plural, and in speaking of the pneumonias. Of the pneumococcus there are at least 4 types, and possibly many more. Then there seems to be no doubt that the streptococcus does cause both lobar and broncho-pneumonia. How many types of this organism are capable of causing pneumonia we do not know. There are cases of pneumonia in which Friedlander's bacillus is found in pure culture, and some pathologists are quite sure that this organism induces characteristic lesions which distinguish pneumonia due to this bacillus from the pneumonias due to other bacteria. During the prevailing influenza pneumonia skilled observers have obtained pure cultures of Pfeiffer's bacillus from the lungs by puncture during life. In the

present state of our knowledge we may say that pneumonia may result from the growth in the lungs of the following bacteria:

- (1) The pneumococcus of which there are at least four known types,
- (2) The streptococcus of which there are many types, the hemolyticus apparently being the most virulent,
- (3) The Friedlander organism,
- (4) The Pfeiffer bacillus.

There is some evidence that a staphylococcus may cause pneumonia. Then, we must add the more specific pneumonia caused by the plague bacillus and which is believed to cause 100 per cent mortality.

We are beginning to realize that any bacterium which is capable of growth and multiplication in living lung tissue may be the cause of pneumonia. When such an organism multiplies in pulmonary tissue and sensitizes the body cells, the body cells begin to destroy the involving bacterial cells and the result of this change is the liberation of the protein poison with local inflammation and systematic poisoning. The poison set free is the same whatever the name or character of the invading bacterium may be.

If this conclusion be true, to what extent and from what cause may we reasonably expect the lesions to vary with variations in the kind of bacterial growth in the lung? This is an important question, and the following tentative explanation is offered. Each bacterium has its predilective tissue upon which it feeds. No living thing can grow and multiply without access to food, and nothing is food to a given organism unless it furnishes elements which can be prepared, absorbed and assimilated by the cells of that organism. As a result of this fundamental and basic biological fact we may expect that the widely different complex tissues of the lung will vary in their suitability as food supply to the widely different invading cells. When we recall that Pasteur showed that certain bacteria act upon one form of tartaric acid and are wholly without action upon another, the two differing only in

the relative arrangement of their atoms, we gain some adequate comprehension of the essential relationship between food and consumer, between nutritive medium (whether it be natural and a constituent of the living body or artificial and in the test tube)—and the organism which it supports. Whether the pneumococcus, the streptococcus, the Pfeiffer bacillus and other organisms, each selects some histologic element in the lung tissue upon which it feeds, in which it multiplies and in which it is broken up by the sensitized body cells, we do not know. The solution of this question should be one of the problems constantly held in mind by those who are now studying the pathology of pneumonia. Since in most cases the infection is a mixed one, this problem will not be easy of solution. At present it is certainly difficult to name the infecting agent from a study of the lung tissue after death. Still there are some suggestive findings. It is well known that the Pfeiffer bacillus will not grow on artificial culture media unless hemoglobin be present and the fact that hemorrhages into the lung tissue and in other parts of the body are more common in influenza pneumonia than in other pneumonias may have some meaning. The fact that typical lobar pneumonia is most commonly associated with some type of the pneumococcus and that the streptococcus is often present in bronchopneumonia may have a significance not hitherto attached to them.

The purpose of this writing is to make the claim that so far as the bacteriologic factor is concerned there are many species of bacteria which may cause pneumonia, and in this sense there are many pneumonias.—V. C. Vaughan, Editorial Journal of Laboratory and Clinical Medicine.

### ARE YOU GROWING OLD?

With the advent of the New Year a good many people take stock of themselves and their age. This does not apply to lay people alone; but also to men in the medical profession, for the medical man is quite as apt to say that

he is growing old as is the layman. This is an unfortunate attitude of mind, because the principal feature of growing old is a state of mind; and the better this state, the younger the individual. The old saying that a man is as old as his arteries has been paraphrased by some wag, who said that a man was as old as his rubbers, incidentally meaning that no man need be older than he wishes to be, and a man who will wear old rubbers without renewing them from time to time is certainly on the downward path, just as the man who is getting along in years, refuses to renew his youth by simple and normal expedients. The expedient of prime value is to keep young in one's mind, and, when one's years increase in number, to make them gracious and satisfying to others.

The writer remembers that once, while visiting in Halifax and attending a military chapel presided over by a rector of the Church of England, a body of soldiers headed by a brass band marched into the chapel. The visitors were relegated to the balcony above, and after a simple service the rector talked to his men on the beauty of growing old gracefully. He said that it was up to the individual to balance out his life, to make himself agreeable, and to increase the happiness of others by a state of mind. This of course requires mental discipline; the throwing off of old associations and old ideas that are shopworn; the entering into the life of the family and the community with the same spirit as do younger people; the keeping up of this pace until it becomes a habit; and the shaking off of all periods of irritability, grouchingness, and selfishness. If one's life is ordered this way there is no reason why every man should not attain his old years with a youthful spirit behind him.

Then, too, there comes the question of associating with others. Should the older man enter into the debates and discussions and interests of the younger generation? Most assuredly he should; and, if he enters them in the proper spirit, he will be as eagerly sought as the younger man—more eagerly, perhaps, be-

cause he has experience behind him. This applies to medical men, as well as to the laymen. There are a good many doctors who grow old restlessly; who assume a certain state of mind to which they are not entitled; and because of their years they think that domination, grouchingness, and self-importance are their allotted part. The older one should get more humble, as well as cheerful; he should behave. Experience teaches the older man that the younger man has a lot of new coats for old ideas, and in expressing them he expresses many time-accepted theories, but he puts them in a little more interesting form.

Then, too, the question of diet and exercise should enter into the older man's program in life. The tendency is for the man approaching his sixties or seventies to relax his muscular activities and, incidentally, his mental processes. This is wrong from the athletic point of view. Of course, there are a good many elderly men who overdo the exercise treatment, but there is a form which is applicable to the man of sedentary life or of active life, who, on account of his years, is obliged to give up the greater muscular activities. For instance, Dr. J. Madison Taylor, of Philadelphia, has advocated a systematic daily exercise for the office man, such as can be done while seated in his office chair. This exercise should last from five to ten minutes a day. If it is not possible to carry out this simple program in the daytime, the same exercise can be undertaken at night while in bed. It consists of, first, relaxing of all of the muscles of the body, and, next, of moving all of the joints of the body in as normal a manner as possible. It is not necessary to overdo this or to do it too rapidly or strenuously, for it has been shown that moderate, quiet and slow muscular movements gain their object. One can readily try out a program of this sort by remembering the various joint movements, and move in this way each joint with its set of muscles, from three to five times, then waiting an interval of several seconds before the next movement takes place. It will take but a short time to cover all of the

joint movements of the body, and, incidentally, to move all of the muscle groups. But the man who is along in years is just as neglectful as his younger brother. He starts out enthusiastically with a firm determination to carry out the program, but he lags—he hasn't the persistence, and he falls into bad habits of inattention.

The diet question is an important one, but it is one which is dependent upon the individual himself. No group of people who are advanced in life can be put under the same dietary regime. For instance, the man of eighty-three who is hale, hearty, and clear-headed, may have been a meat eater all his life, and without any appreciable harm coming to him. Of course, his neighbor, who is much younger, is horrified at such a diet, for he has been taught that very little meat is necessary to the man beyond fifty, and, consequently he tries to follow out his selfadopted plan without consulting his medical advisor. The result often is trouble, illness, and other disorders, due to partial starvation, while the old man who eats meat three times a day and continues to grow older in years is really younger in mind and body than the man at fifty, who labors with a false fad. However, on general principles, it is well to remember that vegetables, cereals, cooked fruits, and but little meat are indicated for most elderly people. The men who reduce the amount of their foods and eliminate many of the indigestible find themselves in much better condition, both mentally, nervously, and muscularly. They are able to endure the stress and strain of business life on about one-third of the food that they ate before their fiftieth year. Thus each man must be instructed as to what is best for him, regardless of the rest of the family or of other people ready with all kinds of advice and theories.

If these suggestions were carried out we should have a race of virile, alert, and physically and mentally equipped people; but will men and women carry such a program to its conclusion?—*Journal-Lancet*, January, 1919.

# **OBSERVATIONS ON 250 CASES OF GUN SHOT WOUNDS OF THE PERIPHERAL NERVES.**

Noon (Journal of the Royal Army Medical Corps), in an article on this subject states that the operative treatment in cases of gunshot wounds of the peripheral nerves should be looked upon merely as an incident in the treatment of the case. The most skillfully performed operation on an injured nerve is doomed to failure and can accomplish little if the preoperative and postoperative treatment is insufficient or neglected. The treatment in these cases should extend over a period of many months. The results can be good only when treatment is commenced early and is conducted with great perseverance both on the part of the patient and on the part of those who are responsible for his treatment. It is often difficult or impossible in these cases to prevent such complications as trophic lesions making their appearance, but if no attempt be made to prevent and overcome these conditions, irreparable damage will supervene, damage which no amount of surgery can be expected to correct. It is most important to try to make the patient realize the importance of treatment, and to make him understand how much he can do for himself to promote his recovery.

The diagnosis of an injury to a peripheral nerve ought to be made at the earliest possible time.

Successful recovery depends upon early, correct, and continuous treatment.

Primary suture should be considered and practiced whenever possible.

There should be no unnecessary delay in exploring a nerve if there is sufficient evidence that it has received some injury resulting in a macroscopic pathological lesion.

It is almost certain that some macroscopic lesion is present in cases which show no signs of recovery after four months' treatment.

Operations on injured nerves should be done only in well-equipped general hospitals, and by those surgeons who have had ample experience of such cases.

Sufficient attention is not usually paid to the early preoperative and postoperative treatment in paralytic deformities, and shortened muscles are often the result of ignorance and neglect.

The extreme gravity of an injury to a peripheral nerve is not sufficiently realized by the general profession.—*Therapeutic Gazette.*

## **POSTDYSENTERIC DIARRHEA AND ITS TREATMENT.**

Waddell makes a useful report on this topic in the Journal of the Royal Medical Army Corps:

This is the commonest sequela of an attack of acute dysentery, and it follows both the amebic and bacillary form of the disease with little distinction between them. The postamebic diarrhea is certainly more persistent, and is more prone to relapses—the postbacillary is more easily controlled, and does not relapse so often as the former.

Ordinary astringents may abate the diarrhea in both cases, and in some cases, no doubt, stop it, but in most it returns as soon as the astringent medicine is discontinued, and the case may go on like this for months.

The unsatisfactory results from the use of astringents led him to inspect regularly the dejecta, and much information was obtainable as to why astringents fail so frequently. The motions varied from very pale, and almost jaundice-like color, to dark-brown green; they were full of undigested food particles, and were all more or less putrid and highly offensive.

The patients passing these motions, which vary in number from two to eight or ten daily, are naturally more or less debilitated and down in weight, with poor appetites; sclerotics yellow, dull, and injected; usually pale of complexion, languid and dull.

All the symptoms, objective and subjective, indicate a derangement of the liver functions—particularly a dyscrasia of the bile, a reduced output, or both.

A chemically deranged bile must needs result in a non-digestion of the bowel contents, and if also the bile flow is

diminished, the antiseptic qualities being also inhibited, putrefaction of the bowel contents is directly encouraged.

No worse condition could exist where intestinal catarrh is present than that the contents of the already irritated intestines should be in such irritating and septic condition.

Astringents, therefore, often fail entirely, or only partially succeed in bottling up the poisonous bowel contents—and, perhaps, it is often fortunate they do fail.

Castor oil will give great relief to these cases, but only temporarily, so also will magnesium sulphate; but neither will bring about a large flow of clean, healthy bile, the thing so much required. This, however, can be easily done by full doses of tincture of rhubarb, and his routine is to give every such case not less than four drachms, or even six drachms, at one dose. Forty-eight hours having been allowed to work it off, the motions are again inspected. If their color and composition are still unsatisfactory, a second or even a third similar dose is given. When their color assumes a healthy brown or yellow tone, indicates that the whole bowel is now freely flushed with clean, healthy bile, and its putrid contents got rid of. In many cases the diarrhea now stops of its own accord, but if it still continues, a few doses of some binding medicine will be safe and successful. Usually he gives thirty grains bismuth subnitrate with ten drops hydrochloric acid and ten of tincture of opium, two or three doses daily.

The diet should be soft and bland so far as possible, and a tonic containing pepsin should follow cessation of the diarrhea.

Calomel is too severe, and causes a lot of colic; so does podophyllin. Euonymin is uncertain. Small doses of tincture of rhubarb are quite useless; the dose must be large, and its action full and speedy.

In carrier cases tincture of rhubarb compound is useless.—Therapeutic Gazette, Dec. 1918.

## STUDIES IN WATER-DRINKING.

Ivy publishes the results of his studies on this subject in the American Journal of Physiology. His conclusions are:

1. The ingestion of water with the meals (400 to 800 Cc.) increases the amount of the free acidity and total acidity of the gastric juice.

2. The ingestion of water with the meals decreases the emptying time of the stomach, due to the dilution of the stomach contents.

3. Food in the stomach retards the evacuation of water.

4. The emptying time of water from the normal human stomach varies, conservatively, from 400 Cc. to 100 Cc. in fifteen minutes.

5. The manner of the discharge of water from the dog's stomach is, according to the observations upon four dogs, rhythmic and could very possibly correspond to peristaltic waves.

6. All stomachs do not respond to stimulation by water, there being a marked variation in different individuals. Those stomachs that empty water slowly (150 Cc. or less in fifteen minutes when 400 Cc. are drunk) respond much more than those that empty water fast. From the observations in this study water cannot be substituted for the Ewald meal.

7. The latent period of the gastric glands of man when stimulated by water is from five to seven minutes.

8. It was impossible to demonstrate a fatigue of the gastric glands when stimulated by water or by gastrin for a period of ten to twenty-six hours.

(Some of these results were obtained from dogs and some from human beings. —Ed)—Therapeutic Gazette, Dec., 1918.

## RED CROSS WORK FOR JULY.

To convey a vague impression of the help that has been given by the American Red Cross to the soldiers in action, you may turn the July work into figures. You may mention the distribution of a hundred thousand complete meals, of a million hot drinks, sandwiches and eggs.



of four million cigarettes; or you may approximate the number of men fed at Red Cross outpost stations by denominating a cup of chocolate, a sandwiche, or ten cigarettes as one food-unit, and stating that 33,000 of such units were served per diem. Or again you may speak of 2,500 newspapers delivered daily, and 500 magazines weekly, to each division at the front.—From the January Red Cross Magazine.

### HYSTERIA.

The advantages afforded by the war in the study of hysteria are illustrated by a paper based on 573 cases treated by J. M. Wolfsohn (San Francisco), Liverpool, England, in British and American hospitals (Journal A. M. A., Dec. 21, 1918). In the former are included those hysterias largely due to "shell shock," and in the latter those found in ordinary civilian life. The paper is written with special reference to the treatment of these cases, of whom 550, or 95 per cent., were completely cured of their disabilities. The most important part of the treatment is the confidence of the physician in the correctness of his diagnosis and his ability to cure. No one can convince others who is not himself convinced. Wolfsohn divides the various methods of treatment into two classes: 1. The purely reeducative methods, such as breathing exercises, singing in the stammering cases, and the use of mechanical machines, massage, etc., in the paralysis. 2. Psychotherapy, consisting of psychanalysis. This is impracticable at present in the hysterias of warfare. It often accomplishes much in the psychoneuroses, but there are not enough psychoanalysts to deal with the cases in one large hospital for this form of disease. The method is too slow to be used in modern hospitals. "Early accessibility to the patient through a rapid cure is accomplished by any of the following methods, which include: 1. Hypnotism. This was used extensively, especially at the beginning of the war, but its use has been discontinued by most physicians on account of the fre-

quent relapses and otherwise indefinite results. However, hypnotism is very valuable in treating insomnia, and I have used it successfully in combating terrifying dreams and hysterical convulsions. 2. General anesthesia with ether, combined with strong suggestion in the excitement stage. This is still frequently used, but I believe that on account of the discomfort to the patient simpler methods should be employed first. The method finds its most successful use in the intractable cases of hysterical deafness. 3. The continuous bath. This is reputed to have been quite successful in the treatment of certain algias and motor disturbances of hysterical origin. 4. Suggestion. The best of all treatments in my hands has been strong suggestion, reinforced by some mechanical agent which will assist in relieving at least some of the disturbed functions. This is easily administered with the aid of faradism or galvanism, and the results are quick and complete." Suggestion followed by reeducation, making the patient believe he is curable, and discipline in the form of demanding military atmosphere and regular duties breaks down the unconscious resistance of the patient to the idea of recovery. Special treatments for the various hysterical disorders are described and form a large part of the article, each illustrated by actual clinical cases, and Wolfsohn concludes with a long list of general rules for the efficient, rapid and complete cure of hysterical symptoms, which are too fully given to be abstracted. Observing these rules, any physician, he holds, ought to be able to treat hysterical disorders successfully, but without such, failure stares him in the face. The article is illustrated.

### A THOUSAND PER CENT. INVESTMENT.

We can say just this to the folks back home who see the names of their loved ones on the casualty lists as wounded: That no soldiers ever bore their suffering with greater fortitude and that no wounded men have ever received better

attention. The American Red Cross is playing its part to make this result possible. I am sure that every subscriber to the Red Cross funds, every one who has given a dollar, would feel that he had made a thousand per cent. upon his investment if he could get a picture of it all as we see it here in France.—From "Headquarters to You," in the January issue of the Red Cross Magazine.

#### PFEIFFER'S BACILLUS.

Speaking of the difficulties of isolating and recognizing the influenza bacillus, E. E. Ecker, Cleveland (*Journal A. M. A.*, Nov. 2, 1918), refers to the observation of Cantani, in 1903, that bile does not destroy the virulence of the influenza bacillus. This, with the fact that other organisms such as pneumococci, staphylococci, etc., are thus inhibited by bile, or bile salts in differentiating these organisms. Choosing sodium taurocholate in a strength of 0.5 per cent. solution, mixed with the bronchial secretion and allowed to stand for twenty minutes, Ecker made cultures on human blood agar plates. The method proved satisfactory and after twenty hours' incubation at 37 C., minute colorless transparent droplet-like colonies were easily differentiated. "The organisms stain nicely with aqueous fuchsin and measure about 0.5 or 0.6 micron by 0.2 or 0.3 micron. They are gram-negative and form irregular clusters with no definite arrangement. They often give the appearance of *B. coli*. Subcutaneous injection of washings from slants into mice proved fatal to the animals within six or seven hours. The bacilli were readily obtained from the heart blood of the animals."

#### THE RESULTS OF NEGLECT OF THE MOUTH.

In an important paper entitled, "Septisia and the Digestive Apparatus," Dr. L. B. Barker, of Baltimore, the eminent Johns Hopkins physician, called attention to the fact that serious diseases of the joints, bones and muscles have their

origin in disease of the teeth and gums. Pneumonia, pleurisy, Bright's disease and inflammation of the urinary passages, myocarditis, pericarditis, enlargement of the lymphatic glands, neuritis, neuralgia, inflammation of the eyeball, anemia and bacterial infection of the blood all may result from the same cause.—Good Health.

#### TREATMENT OF COLDS.

Dr. D. C. Dennett, in *Boston Medical and Surgical Journal*: The early and careful treatment is stressed and the importance of "a cold" emphasized. Sterilize the membrane with 50 per cent solution silver vitellin—25 per cent for use in the eye. Sprays are considered of little value. Aspirin is not given unless there is pain, and no quinine or whiskey. Atropin and aconite are commended for treatment of the early stages, and Dover's powder for "cold on the chest."—Med. Council (Stewart).

#### PROGRESSIVE ULNAR PARALYSIS.

An article with the above title by Adson, in *Minnesota Medicine*, furnishes these conclusions:

1. Progressive ulnar paralysis is a definite clinical entity, the result of a slight trauma, or a bruising or stretching of the ulnar nerve over small bony prominences in the region of the nerve.
2. The condition is characterized by: (a) sensory changes,—paresthesias and anesthetics; and (b) atrophy of the muscles involved, with gradual increase of motor paralysis.
3. The surgical treatment consists of transference and fixation of the nerve to a position internal to the inner condyle, with longitudinal splitting of the epineurium and perineurium, or the resection of neuromas followed by anastomosis.

#### A SPECIALIST.

Householder—Rastus, we are housecleaning and I wonder if I could get you to clean the cellar.

Rastus—Depends, suh. Ah's a specialist, sur. Ah specializes in wine an' beer cellahs, suh.—Judge.

## MEDICAL MISCELLANY.

## DEATHS OF PHYSICIANS IN 1918.

During 1918 the death of 2,616 physicians in the United States and Canada were noted in *The Journal*. On an estimate of 155,000 physicians, this is equivalent to an annual death rate of 16.88 per thousand. For the sixteen previous years the mortality rates were: 1917, 14.37; 1916, 14.08; 1915, 15.71; 1914, 14.41; 1913, 14.64; 1912, 14.13; 1911, 15.32; 1910, 16.96; 1909, 16.26; 1908, 17.39; 1907, 16.01; 1906, 17.20; 1905, 16.36; 1904, 17.14; 1903, 13.73, and 1902, 14.74. The average annual mortality for the period from 1902 to 1918, inclusive, was, therefore, 15.61 per thousand.

**Ages.**—Of the decedents, 174 were under 30; 455 between 31 and 40; 449 between 41 and 50; 474 between 51 and 60; 463 between 61 and 70; 358 between 71 and 80; 160 between 81 and 90, and 18 between 91 and 100.

**Causes of Death.**—There were 241 deaths assigned to general diseases; 261 to diseases of the nervous system; 331 to diseases of the circulatory system; 822 to diseases of the respiratory system; 98 to diseases of the digestive system; 134 to diseases of the genito-urinary system; 218 to senility; 39 to suicide; 89 to accident; 15 to homicide, and 69 after surgical operations. Among the principal assigned causes of death are: Pneumonia-influenza, 428; pneumonia, 375; senility, 318; heart disease, 212; cerebral hemorrhage, 200; nephritis, 90; accident, 89; surgical operation, 69; malignant disease, 68; tuberculosis, 60; in battle, 53; suicide, 39; arteriosclerosis, 36; angina pectoris, 32; from disease overseas, 31; septicemia and diabetes, each 29; meningitis, 23; uremia, 22; appendicitis, 16; myocarditis, homicide, anemia and dilatation of the heart, each 15; cirrhosis of liver, 14; kidney disease (unclassified), 13, gastritis, 11, and many other diseases less than 10.

**Influenza-Pneumonia.**—The most notable factor in the deaths of the year is the enormous increase in deaths of pneumonia and especially from those from pneumonia following influenza. During the years from 1902 to 1917, inclusive, the percentage of

deaths from pneumonia to the total deaths varied from 5.62, the low mark, in 1914, to 9.47, the high mark, in 1916. With the opening of the year 1918, however, there was an increase in the deaths from pneumonia, so that for the first nine months of the year the percentage was 12.5. The enormous increase occurred in the last three months of the year, which brought the percentage of deaths from pneumonia and influenza for 1918 up to 30.69, an unprecedented mortality.

**Accident.**—The causes assigned for the 89 deaths from accident were: Automobile, 24; automobile-railway (grade crossing), 16; falls, 110; railway, 8; poison, 4; in conflagrations, drowning, sunstroke and unclassified accidents, each 3; burns, injuries by animals and explosion, each 2; and roentgen-ray burns, inhalation of poisonous gases, fracture, freezing, lightning, starvation, firearms, injuries in mine, crushing and asphyxia, each one. The 39 physicians who ended their lives by suicide selected the following methods: Firearms, 20; poison and cutting instruments, each 6; strangulation, 3; asphyxia, drowning, jumping from high places, and unclassified, each 1. Of the 15 homicides, 11 were due to firearms; 3 to causes not stated, and one was due to cutting instruments.

**Military Service.**—During the year, one physician died who had served in the Mexican War; 165 were veterans of the Civil War, and of these, 37 had followed the fortunes of the Confederacy, and 44 had been medical officers of United States Volunteers. The Medical Corps of the Army lost 253 officers; 13 had been contract or acting assistant surgeons. The Navy lost 35 medical officers and 4 acting assistant surgeons; the Public Health Service, 10; the Indian Service, 5, and the organized militia, 33, of whom 5 had attained the grade of Surgeon-General.

**Civil Positions.**—Of those who died, 2 had been members of Congress; one, an ambassador; 2, consuls; 4, members of state senates; 24, members of the lower houses of legislatures, and 33 had been

mayors; 20 had been members of state boards of health; 10 of state boards of medical examiners, and 7 members of other state boards.

**Association Fellowship.**—Of the 994 Fellows of the American Medical Association who died during 1918, one had been Vice President; one, a member of the House of Delegates; 2, members of the Committee on Medical Legislation; one a member of the Judicial Council; 5, section officers, and one a member of the Board of Trustees.—*Journal American Medical Association*, January 4, 1919.

### ROOSEVELT.

Theodore Roosevelt was a wonderful man. The word wonderful is farreaching and leaves no avenue unentered and applies to the author, executive, soldier, hunter, naturalist, traveler, reformer, politician and genuine man—such was Roosevelt.

Like William Cullen Bryant, he was a weakling in early life and like him, too, he sought the groves that were "God's first temples," and became strong. Roosevelt was the great leader of his time, and whether right or wrong, he was always sincere, honest in his conviction, and believed himself to be in the right.

In the world's war he helped to make the world victory certain.

Indianapolis citizens had a profound respect for Theodore Roosevelt and many persons since his death are inclined to become reminiscent and the things that are said are full of interest. We recall Dr. A. W. Brayton's little story published in this journal concerning the meeting of Colonel Roosevelt and David Starr Jordan in a railway station when a train was many hours late.

The writer was at St. Vincent's hospital when the ex-president was an emergency patient and here he showed a splendid type of manhood, those things cropped out that are characteristic of a man of greatness. He was appreciative—always so. Surgeon John Oliver, who performed an operation upon the ex-president's foot, Dr. Frank B. Wynn and Dr. W. T. S. Dodds, who furnished labo-

ratory findings, the sisters and nurses, all recognized his appreciation. He always had a good word to say for Indianapolis and now there can be seen a letter of thankfulness in a gold frame hanging in the office of St. Vincent's hospital.

The close of his career demonstrates the uncertainty of life—lying peacefully on his pillow at home and awakening in heaven.

S. E. EARP.

### DR. JOHN ALLEN WYETH, AGE 73, BREAKS LEG, BUT WEDS.

The name of Dr. Wyeth is familiar to Indianapolis physicians. He wrote in a very complimentary manner of Dr. Chas. P. Emerson before he was elected Dean of the Indiana University School of Medicine. His writings have received much favorable comment in this journal and Dr. A. W. Brayton does not let an opportunity go by to say something in favor of Dr. Wyeth. The Journal has received several letters from him and the last one invited Dr. Brayton, who is a personal friend, to go to New York and take part in the clinics.

It is quite natural that we should take an interest in the doings of Dr. Wyeth. The last episode shows the determination of the man. On the eve of marriage he broke his leg, but it did not deter him from getting married. During December a communication to a daily paper contained the following account:

Dr. John Allen Wyeth, one of the founders of the Polyclinic Hospital, demonstrated that neither 73 years of age nor the additional handicap of a broken leg can keep a man from getting married once his mind has been made up to it.

Summoned from Boston by telegraph, his bride, Miss Marguerite Chalfoux, just fifty years his junior, stood at his bedside in the Polyclinic and was married to him by Judge John R. Davies.

Later a wedding breakfast was served at the Hotel Cumberland, which the aged bridegroom did not attend.

Dr. Wyeth filed a certificate of marriage in Boston. When winding up affairs in his office here, preparatory to

the wedding, he slipped and fell, breaking his leg. He was taken at once to Polyclinic Hospital and notified his fiancée, who came on at once.

After a consultation it was decided that they should marry at once, and Miss Chalfoux hastened to make arrangements. Others at the bedside of the physician were Lieut. Col. Morse, military commander of the hospital, which is now temporarily government property; Mrs. Morse and Henry Stanton, Dr. Wyeth's attorney.

Miss Chalfoux was formerly a dietitian in the hospital and while there first attracted the attention of her husband.

"This certainly has disarranged plans for our wedding trip," she said following the ceremony. "We had planned to go to California, then to Japan and the Philippines and afterward to Italy, where I was to study music. As it is, Dr. Wyeth will have to stay in bed several weeks until the fracture mends."

This is the aged physician's second venture into matrimony. By his first marriage he had two sons and a daughter, all of whom are older than their new step-mother.

S. E. E.

#### DR. LINTHICUM, AGE 71, DEAD.

Dr. Edward Linthicum, 71 years old, at one time professor in the old Evansville Medical College, died at Evansville, Ind., December 22. He was a native of Kentucky and the body will be sent to Henderson, Ky., for burial. When a young man Dr. Linthicum served as a surgeon in the Servian army in a war against Bulgaria. He is survived by one son, Dr. Porter H. Linthicum, secretary of the city board of health at Evansville.

#### GIFT SHOP SITE VALUABLE.

El Paso, Texas.—A crude log cabin costing less than \$500, occupies a site here which is valued at \$2,000,000. It is the Red Cross gift shop which has been completed in San Jacinto plaza, the central open square in the heart of the city. The gift shop was built of logs cut on the Mes-calero Indian reservation in the Sacramento Mountains of New Mexico and was

designed after the pioneer cabins with exposed log rafters, heavy doors and window shades made of log slabs and with a "puncheon" floor. In the gift shop will be offered articles for sale which have been donated to the Red Cross. Tea will be served each afternoon in front of the big cobblestone fireplace and dances will also be held there. A Red Cross matron will be in charge.

#### WIERD ELIZABETHAN DRUGS.

The witches' "hell broth" of "Macbeth" was not so strange to Shakespeare's audiences as it is to audiences of today, but it must have been more terrible, because the Elizabethans believed in its efficacy, according to Robert Mantell.

"Toe of frog, wool of bat, adder's fork, blind worm's sting and lizard's leg were to the Elizabethans not very unlike quinine, ammonia and carbolic acid to us," says Mr. Mantell, "except that they believed their drugs had a magic power whereas we are more materialistic with regard to ours!"

"Until 1617, the year after Shakespeare's death, grocers dealt in drugs, as well as apothecaries. There seems to have been no restrictions on sales. But a law was passed in England in 1617 providing that only licensed apothecaries could dispense medicines, and the following year the London College of Physicians issued a pharmacopela, prescribing how drugs should be mixed. This book does not differ materially from the witches' incantations in 'Macbeth,' except that Shakespeare's prescription is versified. Some of the preparations contained as many as sixty or seventy ingredients. Among them are 'crab's eyes, pearls, coral, oyster shells, moss from human skulls, blind pupples and earthworms.'

"For more than 100 years the preparations of the 1618 pharmacopela were standard. In 1721 a radically revised book was issued. Many of the absurdities were left out, but 'moss from human skulls' was retained as an important medicinal agent.

"In 1746 another important revision was made and this is the first issue of the

pharmacopœia in which sound science begins to appear. Most of the absurdities are dropped and the drugs are examined and prescribed with an eye to active therapeutic value.

"The agitation against the sale of drugs by grocers must have been well under way when Shakespeare wrote 'Macbeth.' The nostrums of the witches were not strange to Elizabethan ears, but Shakespeare knew how to mix his drugs so as to create the chill of terror he meant to inspire."

#### MAJOR CHARLES R. SOWDER.

Captain Charles R. Sowder, who is stationed with base hospital No. 35 overseas, has been promoted to major, it has been learned in word received by his wife, 2144 College avenue. Major Sowder was appointed a first lieutenant in contract work at Camp Custer, Mich., December, 1917, where he remained for his contract time of three months. He joined the medical reserve corps at the camp and then returned to Indianapolis to await an assignment. He was again sent to Camp Custer with a commission as captain, then transferred to Camp Merritt, N. J., and went overseas in July.

He began his practice of medicine in Hendricks county, moving to Indianapolis in 1902. Before his enlistment he was connected with Dr. John F. Barnhill, and was one of the physicians who attended Governor Goodrich during his illness with typhoid fever in 1917.—Press Item.

#### FETE IN PARIS DESCRIBED BY MAJOR FRANK HUTCHINS.

Major Frank F. Hutchins of Indianapolis, who has achieved a national reputation as a neurologist, and who is attached now to the staff of Major General Helmick, commander of the Eighth Division, has written a graphic description of armistice day in Paris, and the unbounded joy of the French people over the end of the war, in letters to Mrs. Hutchins, who is living now at 2238 Ashland avenue.

Major Hutchins joined the medical reserve corps at Fort Benjamin Harrison in

August, 1917, and in November was assigned to Fort Oglethorpe, Ga. Thence he went to Camp Fremont, Palo Alto, Cal. All the American soldiers in the Siberian expedition passed under Major Hutchins' inspection. In September the major was transferred to overseas duty as a member of the general staff of the Eighth Division, becoming the neuro-psychiatrist on the staff. Recent letters indicate that he is now at Brest. Major Hutchins is a member of the faculty of the Indiana University School of Medicine, and a director of the Robert W. Long Hospital.

These letters in part appeared in the Indianapolis Star:

After describing his arrival in Paris early in the morning of the day on which hostilities ceased, Major Hutchins says:

"Paris was still asleep. It was a cold, gray dawn, mists hung over the city and buildings stood out like spectators. We took the underground to Chatelet, then walked down the Rue De Rivoli to the Continental Hotel.

"Gradually Paris awoke, shutters began to come down and a few vehicles appeared on the streets. The city was quiet, however, and there was a feeling of tension and anxiety. After 10 o'clock we walked toward the Place Vendome.

"Suddenly there was booming of canon. It was a signal. Doors were thrown open, windows flung wide and people poured into the streets or appeared on numerous balconies. There was a subdued hum at first, that broke out into a roar as the booming cannon announced that the war was over. Everyone embraced everybody else; every one cried, 'Vive la France.' Then came the reaction; it seemed like a prayer, people leaned against the buildings, women knelt in the streets, faces were strained and wet with tears. It was true 'Vive la France' and 'Vive l'Amérique' rang out—joy and gratitude everywhere.

"The streets became jammed. Excitement grew. Motor lorries and vehicles loaded with cheering people could not proceed. Flags appeared in every window, the tri-color and the Stars and Stripes pre-

dominating. Wilder and more excited became the crowd until it was beyond description. Famous men have attempted to describe a Paris throng under intense excitement, but it can not be done. At noon I lunched at the Cafe DuPaix, fronting the Place de l'Opera. It was a sea of laughing faces, of joyous people. The tension of years gave way to an expanding exhilaration that was a revelation to Parisians themselves. Friends would meet embrace, kiss, cry and laugh all at the same time. Later everybody was a friend and the same procedure followed. I was with officers who can establish an alibi for me. I supposed that the excitement would quiet after a time, but as the afternoon wore on the joy increased.

"There were many parades. Anything that would serve for a drum was sufficient to lead a parade. There were no bands or musical instruments, and the makeshifts for music were pathetic. American soldiers appearing on the streets were immediately surrounded, applauded and decorated. Much as I wished to see it all, I was so dead tired that I returned to my hotel and took a nap after 4 o'clock. About 5:30 Major Finley, the judge advocate of the Eighth Division, my roommate, came and I arose much refreshed, and dressed for dinner. The judge and I returned to the Place de l'Opera. The boulevards were crowded and jammed. All vehicles has disappeared except those drawn by hand. Long ropes were attached and many willing hands took hold and girls and children were packed in them with shouts and cheers, waving of flags and many decorations they would weave themselves through the crowd. Girls wore soldiers' coats and caps; soldiers were happy in bonnets and ladies' coats. It was indeed a wonderful sight.

"I went to Red Cross headquarters to get some medicines and saw Dr. Clevenger of Indianapolis. We spent the remainder of the afternoon together, strolled up the Champs Elysee to the Arc De Triomphe and stood with bared heads in the center—just a few moments of silent thankfulness and gratitude.

"I know of nothing that shows the

feeling toward America more than the heroic statue of Joan of Arc on the Rue DeRivoli. You remember that it is a golden statue of the heroine on horseback with a spear in her upraised right hand. British and French flags are there, but the Stars and Stripes of America float from the top of the spear. It is very impressive and significant. It is no uncommon sight to see arm-in-arm Canadian, Australian, British, Scotch, Belgian, French and American soldiers, 'tous freres.'"

#### MAJOR PAUL B. COBLE.

Elsewhere in a news item reference is made to Dr. Coble, but the following press item gives some interesting details:

Dr. John F. Barnhill received a cable announcing the promotion of Captain Paul B. Coble, now in France with base hospital No. 80, to the rank of major. Major Coble has been associated with Dr. Barnhill ever since he began practicing medicine and has offices in the Pennway building. Major Coble was one of the first Indianapolis physicians to enlist in the Medical Reserve Corps, with the rank of lieutenant. He was stationed at Fort Benjamin Harrison until December, 1917, and from there was transferred to Camp Taylor, Ky., after he had been promoted to a captaincy. From Camp Taylor he was assigned to base hospital No. 80, which was being made up in New York, and joined the unit, in August, sailing shortly after, and landing in France in September. He has entire charge of the throat department of the unit. Major Coble came to Indianapolis from Frankfort and made his home with Dr. and Mrs. Barnhill while studying at the Indiana University School of Medicine. He graduated in 1905 and was assistant professor in diseases of the throat.

#### 12,989 DOCTORS AND 200 BASE HOSPITALS.

General Headquarters, American Expeditionary Force, December 25—(Correspondence of the Association Press.)—The prodigious effort of the medical de-

partment in the army in France is revealed in statistics which the Associated Press is now permitted to make public. When, on November 11, the armistice suspended hostilities and the great expansion and extension work of the medical department was suspended, there were in operation 283,240 beds in camp and base hospitals and convalescent camps with about 100,000 of them vacant.

There were on duty in the American Expeditionary Force at that time 12,989 doctors and 8,593 nurses. The authorized nurse strength of the army when America entered the war was 206 and of doctors 300, figures that testify to the work the medical corps was called upon to perform.

The hospitalization of the army in France is interesting. Basically it consists of mobile organizations. To each division there are four field hospitals, two evacuation hospitals and one mobile surgical hospital and, in addition, there is fixed hospitalization, consisting of camp and base outfits and convalescent camps, with an authorized bed capacity of 15 per cent of the strength of the command.

#### 200 Base Hospitals Going.

There are now eighty-five camp hospitals serving training and billeting areas, while for general service and for the treatment of more serious cases and battle casualties there are 115 base hospitals. These base hospitals occasionally are single institutions of from 1,000 to 3,000 beds or are grouped in hospital centers. Twenty such centers of from 2,500 to 15,000 beds are in operation.

Convalescent camps at the bed rate of 20 per cent of normal hospital beds are authorized for the purpose of giving as early graduated physical training as possible, and fifteen such camps are in operation at present.

The American hospitals are partly in French barracks, school buildings and hotels and partly in constructed cantonments of demountable buildings. All the buildings taken over were remodeled and outfitted for the purpose, lighted and heated and modernized, while the demountable huts are models of their kind.

#### DR. A. P. FITCH DEAD.

Dr. Alexander P. Fitch, assistant medical director of the Supreme Tribe of Ben-Hur, died of heart disease at Crawfordsville, December 6, 1918. He was a native of Waynesboro, Va., and saw service with the Confederate army in the Civil War. He was a graduate of a medical college at Baltimore, Ohio, and came to Montgomery county in 1875 to practice medicine at Waynetown. Later he practiced medicine at Lebanon, and eight years ago he became assistant director of the Supreme Tribe of Ben-Hur. He was a Shriner and thirty-second degree Mason. He was unmarried.

Dr. Fitch was prominent in K. of P. circles, and being major of the U. R. of P., when the writer was colonel, brought the writer in close communion with him. He was a frequent attendant at medical meetings and was a charming entertainer. He abandoned active practice a few years ago on account of organic heart disease incident to rheumatism.

#### SIGNAR MUHL, 73 YEARS YOUNG, AND HOW IT IS ACCOMPLISHED.

Signar Muhl, who has been a pharmacist in Indianapolis for 44 years, is hale and hearty at 73 years of age.

Of the names of doctors on his prescription file 40 years ago or for a period of the first four years he was in business but one doctor is now living—Dr. Henry Jameson.

When Mr. Muhl first came to Indianapolis he called on Dr. Theophilus Parvin and handed him a letter of introduction from Professor Palmer of Louisville. Without looking at the letter carefully Dr. Parvin supposed Mr. Muhl to be a young doctor, and said, "Doctor, where do you intend to locate?" Mr. Muhl replied, "I am a druggist." Dr. Parvin: "I beg your pardon." Mr. Muhl: "No offense, Doctor." Those who knew the great obstetrician, college professor and author, Dr. Parvin, and know the versatile pharmacist, Mr. Muhl, will recognize that the trite and pointed repartee is characteristic of both gentlemen.

I asked Mr. Muhl, who has an unusually



good cardiovascular system, "How do you keep young?" He replied: "I do not drink alcoholics, eat regular, but do not overeat, sleep eight hours, avoid worry and make an effort to possess a contented mind. Perhaps an important factor is that I take plenty of exercise. I walk a great deal, split and saw wood, trim my trees and dig in the garden in season. When the coal is dumped in the front of my residence I use the wheelbarrow and shovel it in the basement window. In doing my errands in the downtown part of the city and my marketing, I walk. Some days I walk only five miles; other days thirty-five miles. I keep physically fit by keeping my body and mind busy, make my communion with my friends a pleasure and above all things do not allow my body or mind to rust. S. E. E.

#### NEWS ITEMS.

Dr. Grant Newcomer of Elwood was a visitor at the College clinics in early January. His son, Frank V., is a member of the class. Dr. Newcomer graduated from the Central College of Physicians in 1891 and has been successful in the practice of medicine and other business affairs.

As we predicted in our last issue, Dr. Paul Coble, who was an office associate of Dr. J. F. Barnhill, has been made a major. Dr. Wade Thrasher, formerly of Cincinnati, and Dr. Robert E. Conway are now associated with Dr. Barnhill.

Dr. James Thom has returned to Indianapolis to accept an internship at the City Hospital.

Dr. G. A. Thomas has been on a furlough and spent two weeks in Indianapolis.

Dr. Lester Veach has resigned his internship at the City Hospital on account of sickness at his home in Stanton, Ind.

Dr. Bernard Gill has resigned his internship at the City Hospital and has gone to Salem, Ind.

Word has been received from Dr. H. C. Brauchla of his safe arrival in France.

Dr. Henry Nolting has been released from the army and has returned to Indianapolis.

Drs. Carl Habich, Charles D. Humes and J. P. Christie have been released from hospital work in the army and will resume practice in Indianapolis.

Major Horace Allen has resumed his practice in surgery at 1899 N. Illinois street.

Major Robert C. Baltzell will contribute an article for the next issue of this journal relative to the work accomplished by the Selective Service Boards in Indiana.

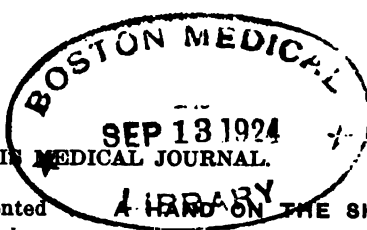
Dr. E. B. Mumford has been released from hospital work in the army and will resume his practice in orthopedic surgery.

Dr. H. A. Walker, formerly interne at the City Hospital, has been mustered out of military service and has returned to Indianapolis. He will take a special course in surgery at the Indianapolis City Hospital.

A letter from Dr. B. J. Peters, formerly interne at the Methodist Hospital and later lieutenant in army service, states that he has been assigned to the Air Service Flying School, Ellington Field, Houston, Texas.

Drs. W. D. Little and J. O. Ritchey, since their release from military service, have resumed positions as internes at the Long Hospital.

The new building of the Indiana University School of Medicine, located near the Long Hospital, is nearing completion. It will be convenient to the City Hospital. It is not certain how soon it will be ready for occupancy, probably a few months. It will be a handsome piece of architecture.



Horace W. Carey, who was prevented from going overseas by the armistice, has resumed his accident and health insurance, making a specialty of liability applicable to physicians, druggists, dentists and accident from automobile injuries. He gives as reference the Indianapolis Medical Society and the physicians of Indianapolis.

We are obliged to Helen Hyland, formerly supervisor of nurses at the City Hospital, for a series of postal card scenes in Nantes, France. Her address is Group C, A. E. F., A. P. O. 767, A. R. C., France.

Captains H. H. Wheeler and J. A. MacDonald are on duty at West Baden Hospital.

Captain Wm. F. Clevenger read a descriptive paper relating his experience overseas before the Indianapolis Medical Society.

Captain F. P. Reed has been released from military service and has resumed his duties at the dispensary medical clinic.

We have received a Christmas greeting from Dr. R. A. Solomon, formerly physician at the Long Hospital and now in army service in France. His address is First Lieut. M. C. Evac. Hos. 25, A. E. F., via New York. The date is December 3, 1918, Bordeaux, France.

Dr. Homer W. Cox has returned from Camp Greenleaf, Ga.

Dr. John H. Bull, who was assigned to hospital work the day before the armistice was signed, has returned to Indianapolis to resume his practice.

Dr. Clarence R. Strickland, formerly of Medical Advisory Board No. 56 and later a captain in the United States Army, was home on a furlough in January. He has returned to Lakewood, N. J.

Dr. T. W. De Hass spent the holidays in Boston, where he met his son, Mark, who is in the United States Navy.

When a man ain't got a cent,  
And he's feeling kind of blue,  
And the clouds hang dark and heavy,  
And won't let the sunshine through,  
It's a great thing, O my brethren,  
Fer a feller just to lay  
His hand upon your shoulder  
In a friendly sort o' way.

It makes a man feel curious,  
It makes the teardrops start,  
An' you sort o' feel the flutter  
In the region of the heart;  
You can't look up and meet his eyes;  
You don't know what to say  
When his hand is on your shoulder  
In a friendly sort o' way.

Oh, the world's a curious compound,  
With its honey and its gall,  
With its cares and bitter crosses—  
But a good world after all.  
An' a good God must have made it—  
Leastways, that is what I say  
When a hand is on my shoulder  
In a friendly sort o' way.

The poem has been published frequently as one of Riley's, though we have tried to refute the statement whenever possible. I asked Mr. Riley at one time if he had any idea as to who the author was and he said he thought Frank Stanton, though he could not say positively. It has not been found in Stanton's poems nor has the other poem you ask for been found yet. Further search will be made for both.—Reply to correspondent by Charles Walker, of the Indianapolis News.

#### AND THEN HE WOKE UP.

"Did you try the simple plan of counting sheep for your insomnia?"  
"Yes, doctor, but I made a mess of it. I counted 10,000 sheep, put 'em on the cars and shipped 'em to market. And when I'd got through counting the wad of money I got for them at present prices it was time to get up."—Boston Transcript.

## BOOK AND JOURNAL REVIEWS.

**Surgical Treatment. A Practical Treatise on the Therapy of Surgical Diseases for the Use of Practitioners and Students of Surgery.** By James Peter Warbasse, M. D., Formerly Attending Surgeon to the Methodist Episcopal Hospital, Brooklyn, N. Y. In three large octavo volumes, and separate Desk Index Volume. Volume I contains 947 pages with 699 illustrations. Philadelphia and London: W. B. Saunders Company. 1918. Per set (three volumes and the Index volume): Cloth, \$30 per set.

The object of this work is to furnish practical help to the surgeon at all times. It has been truly said that it contains the highest possibility in surgery and the maximum of treatment. There is shown throughout not only the interest of the surgeon, but the patient as well. Conservatism within reason is utilized.

In many instances both operative and nonoperative are given and surgical therapy has an important place.

Attention is called to pathological and surgical hazards and recognition is given to the fact that surgery is always in a developmental stage. Originality is encouraged by the author.

Pretreatment, such as prophylaxis, is well considered and prognosis is given a proper place.

New methods are outlined, but the older ones found to be of value are not excluded.

Infected wounds is discussed under inflammations and we note some variation in classification which is advantageous. Many operations and methods of treatment are here described for the first time. Dr. Warbasse expresses a desire that this work may prove a practical source of strength to the surgeon in his encounters with disease, and that it may contribute to the promotion of the highest ideals of surgery, which he says is the purpose which has promoted its creation, and we believe it will be fulfilled.

Much space is given to anesthesia and anesthetics which will be pleasing to the reader.

Twenty pages are devoted to syphilis.

The use of Salvarsan is made plain by text and illustration. By the use of drugs two treatments are given recognition as effective: (1) mercury and iodine, and (2) Salvarsan and its allies. (3) Other drugs have a less potent effect. Mercury is given credit for having the power to destroy the *Treponema pallidum* in the living body and Salvarsan of Ehrlich the same power. The yellow mercurous iodide is the best form for gastric medication in one-third grain two hours after each meal, increasing to 3 or 4 grains daily. Several preparations are mentioned to be used by intramuscular injection. The salicylate and calomel are given in oil, preferably suspended in liquid petroleum. The following popular mixture is mentioned: Fifty grains of salicylate of mercury, thirty grains of lanolin and enough pure olive oil to make a total of one ounce. In this mixture the drug represents one-tenth. Freshly made 1 per cent solution of benzoate of mercury in distilled water with the addition of 2.5 per cent of sodium chloride, may be injected daily in doses of 2 to 3 c.c. (30 to 45 min.) with very little pain. The latter has been used by Drs. Koch and Earp at the Indianapolis City Hospital with success.

The author says that Salvarsan given by the mouth has proved to be effective. Commencing on page 472 much space is given to fractures, and rightfully so; and, too, almost every page an illustration. There are many pages devoted to diseases of the joints and illustrations are present. The muscles, skin and nerves are taken up appropriately and learnedly, but suffice to say this will apply to the contents of this volume.

**Information for the Tuberculous.** By F. W. Wittich, A. M., M. D., Instructor in Medicine and Physician in Charge Tuberculosis Dispensary, University of Minnesota Medical School, etc. C. V. Mosby Company, St. Louis. 1918.

This is a splendid book for those who are struggling to get well, and others. Questions are answered that seem proble-

matical to the laity. What is said has an important bearing from the fact that the author, who is now well, was "on a cure for two years." This book shows how to best use time and energy in a fight against tuberculosis, and how to conquer the disease in the shortest possible time. The foreword, by L. G. Rowntree, is interesting. He speaks of the physician, the sanatorium and the autotreatment.

This publication starts with the anatomy and physiology of the lungs, the process of healing, the action of the bacillus and secondary organisms.

The medical and surgical treatment is outlined and mention is made of the value of the sanatorium.

Important points are made in speaking of controlling the cough, keeping the mind healthy and lung ventilation.

Very important is what is said concerning the precautions to be observed by the healed case.

The advice of Trudeau is quoted: "Open the window, go to bed, and don't worry." This is important, but difficult to heed. We are sure that the patient who is an optimist is of the greatest value to his physician and himself.

Dr. Wittich says that some physicians take the position that a pessimist cannot recover from the disease. I am impressed with what the author says about climate. He says there does not exist a specific but there does exist an ideal climate for tuberculosis and it can be described in a few words: Where there is the least dust and most freedom from smoke and noxious vapors in the air; where the temperature and general atmospheric conditions allow the patient to remain outdoors the greatest number of days of the year, and the greatest number of hours out of the day, with the greatest possible comfort and enjoyment—that is the ideal climate for the tuberculous invalid.

The author does not believe in "stuffing" the patient with food. An attempt should be made to regulate the amount of food to the patient's needs. Wisely the author says that it does not pay to eat food to excess, for the dangers of overfeeding are almost as great as those of underfeeding.

Follow the injunction outlined in this book and it will be a substantial help in conquering tuberculosis. S. E. E.

The Annual Report of the Surgeon General, U. S. Army, for 1918 (including statistics for the calendar year 1917 and activities for the fiscal year ending June 30, 1918), has just been issued from the Government Printing Office.

It contains a comparative study of the health of the Army, 1820-1917; an account of the health of the mobilization camps and of the Army by countries; a consideration (seventy pages in extent) of the principal epidemics in camps; and a discussion of fractures and operations. Nearly 200 pages are devoted to the special activities of the medical department: With the American Expeditionary Forces, and in the divisions of sanitation, hospitals, supplies, laboratories and infectious diseases, internal medicine, general surgery, orthopedics, head surgery, neurology and psychiatry, psychology, food and the Dental and Veterinary Corps. In addition to the usual tables of illness, discharge for disability and death, there are given tables of battle wounds and operations; of complications of various diseases and of case mortality. The text is illustrated by 73 charts. Altogether the report is a study of health and morbidity in an army of over 1,500,000 men for the most part yet in the period of training. It should be of interest to epidemiologists, vital statisticians and army medical men.

**Anders' Practice.** By James M. Anders, M. D. Cloth, \$6.00 net. half morocco, \$7.50 net. Published by W. B. Saunders Company.

In clinical conference and bedside clinics at the hospitals I always feel safe in referring to this textbook. During more than thirty years of classroom and hospital work I have not missed an edition except the last one and this one entertained me for an hour at the college book room. I do not hesitate to say with others that the fact that many large editions of this remarkable work have been called

for is sufficient evidence of its popularity, the rapid exhaustion of each edition making it possible to keep the book absolutely abreast of the times. Dr. Wm. E. Quine, of the College of Physicians and Surgeons, Chicago, says: "I consider Anders' Practice one of the best single-volume works before the profession." This work is essentially practical, being the results of personal observations covering many years of active practice. Into the last edition Dr. Anders has introduced all the most important advances in medicine, keeping the book within bounds by a judicious elimination of obsolete matter. A great many articles have also been rewritten, so that the work, in its present form, is a Practice complete in every particular—up to date, authoritative, and practical.

S. E. Earp.

**Johnson's Standard First Aid Manual.** Suggestions for Prompt Aid to the Injured in Accidents and Emergencies. Edited by Fred B. Kilmer, in collaboration with eminent surgeons. First Aid Authorities and Specialists. Illustrated. English edition revised. Cloth, 50 cents. Published by Johnson & Johnson, New Brunswick, N. J., U. S. A.

The Manual in its revision represents the last word on first aid treatment with an arrangement of methods and technical details that constitutes a practical and definite standardization of first aid measures. All the various features that have made Johnson's Standard First Aid Manual the most popular work on the subject have been retained, while the whole book has been improved greatly, both in its arrangement and the simplicity of the methods outlined. It is refreshing to note the absence of technical terms as well as the care taken to avoid overstepping its avowed purpose.

This is an expression from American Medicine and but little more could be said except in the same line of thought. There are many illustrations which make plain the text. This book is valuable for the first aid worker. It gives instruction,

which is more medical than surgical, and is a splendid little manual on first aid treatment.

## THE LITTLE TOWN OF TAILHOLT.

You kin boast about yer cities, and their  
stiddy growth and size,  
And brag about yer county seats, and  
business enterprise,  
And railroads, and factories, and all  
sich foolery—  
But the little town of Tailholt is big  
enough for me!

You kin harp about yer churches, with  
their steeples in the clouds,  
And gas about yer graded streets, and  
blow about yer crowds;  
You kin talk about yer "theaters" and  
all you've got to see,  
But the little town o' Tailholt is show  
enough fer me!

They hain't no style in our town—but's  
little-like and small—  
They hain't no "churches" nuther—jes'  
the meetin'-house is all;  
They's no sidewalks to speak of—but  
the highway's allus free,  
And the little town o' Tailholt is wide  
enough fer me!

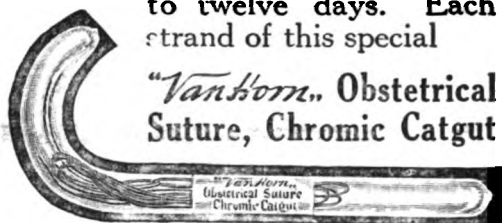
Some finds it discommodin'-like, I'm  
willin' to admit,  
To hev but one postoffice, and a womern  
keepin' hit,  
And the drug store, and shoe shop, and  
grocery, all three—  
But the little town o' Tailholt is handy  
'nough fer me!

You kin smile and turn yer nose up, and  
joke and hev yer fun,  
And laugh and holler "Tail-holts is bet-  
ter holts 'n none!"  
Ef the city suits you better, w'y, hit's  
where you'd ort'o be—  
But the little town o' Tailholt's good  
enough fer me!

—James Whitcomb Riley.

## IN THAT CONFINEMENT TEAR

If you favor immediate repair, use our especially chromicized catgut prepared to hold seven to twelve days. Each strand of this special



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is threaded on a suitable needle, ready for instant use. Indispensable for your surgical bag. One tube in each box. Price, 25 cents each; \$3.00 per dozen tubes. No samples.

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—and other headaches—

are usually relieved more or less promptly as you remove their cause. In the meantime—

### K-Y ANALGESIC

locally "rubbed in," will usually afford comfort without blistering or soiling.

*Gives Nature's Corrective Forces a Chance*

*No fat or grease. Samples and literature on request.*

*Water-soluble. Collapsible tubes, druggists, 50c.*



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## Pruritus, Chafings, and Irritations

are relieved by applying

### K-Y Lubricating Jelly

that we feel we owe it to our patrons to direct their attention to the usefulness of this product as a local application, *as well as* for surgical lubrication.

No claim is made that K-Y Lubricating Jelly will act with equal efficiency in every case; but you will secure such excellent results in the majority of instances that we believe you will continue its use as a matter of course.

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*Collapsible tubes, 25c. Samples on request.*

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### Disinfection

can be easily and conveniently accomplished by the use of

### SYNOL SOAP

This efficient liquid soap enables the physician and surgeon to cleanse and disinfect the hands with gratifying freedom from the irritating effects of caustic soaps and antiseptics. It is particularly serviceable to those who have to cleanse the hands many times each day. Invaluable in the office, operating room and sick chamber.

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**CLEANSING—**

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(Central States Medical Monitor and Indiana Medical Journal.)

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No. 2

## ORIGINAL COMMUNICATIONS

### WORK OF THE SELECTIVE SERVICE EXAMINING BOARDS IN INDIANA.

By Robert C. Baltzell, Major Infantry, U. S. A., and Executive Officer. Disbursing Officer and Agent of the United States in the State of Indiana.

In the month of November, 1917, instructions were received from the Provost Marshal General's Office, requesting that the State of Indiana be districted for the purpose of creating Medical Advisory Boards with due regard to facility of communication and hospital convenience and with a view to the practical execution of the work of re-examination of registrants and with regard to the convenience of registrants, and economy to the Government. One Hundred Two Medical Advisory Boards were thus created in Indiana.

The members of the Medical Advisory Boards were selected by Major Joseph R. Eastman, the Governor's Aide, to be nominated by the Governor and appointed by the President. The Medical Advisory Boards in each State were designated by numbers. Each Board was notified of the number assigned to it and

was required to use the number so designated on all communications, vouchers, receipts, et cetera. No appointments to, nor removals from, the Medical Advisory Boards were made without reference to the President through the office of the Provost Marshal General.

The Medical Aide to the Governor has been the instrument of direct communication between the Governor and his Adjutant General and the Local Boards and Medical Advisory Boards in respect of all matters concerning questions relating to that part of the Selective Service Regulations which pertains to the physical examination of registrants.

The personnel of the Medical Advisory Boards has been kept at all times full enough to meet the demands of efficiency. All members of these Boards who received commissions in the Medical Corps of the Army were permitted by the Presi-

dent to withdraw from the Boards and were replaced by other competent medical men.

The Medical Advisory Boards of Indiana have conducted physical re-examination of all registrants in whose cases it was impossible for the Local Board to make a decision by unanimous vote. A very large number of men have been subjected to exhaustive re-examinations by the Medical Advisory Boards. The harmonious and thorough-going service of these Advisory Boards supplementing the high-grade performances of the Local Boards has given Indiana an enviable record in relation to the physical examination of registrants throughout the entire country.

From remote points, east and west, north and south, the Draft Executive of Indiana has received complimentary references to the high standing of Indiana in this respect.

It may be stated, without exaggeration, that Indiana has won rank as a banner State by virtue of the faithful work of her Medical Draft Officers. No State of her class surpassed Indiana in the low percentage of rejections of physical defects at mobilization camps, and this is clearly the fairest test of the precision in the work of physical examination.

Indiana Medical Advisory Boards have worked in perfect harmony with Local Boards. The members of such Boards have relegated all civil duties, such as those relating to their present practice, to the position of secondary importance, and have given, without stint, all their time and abilities to this patriotic serv-

ice. They have met the highest expectation of the Provost Marshal General, the Governor, the Adjutant General and State Draft Executive.

In conclusion, it may be of interest to know that the Medical Draft Officer of the Provost Marshal General's office reports that the high position of Indiana among States of the Union in relation to efficiency in physical examinations caused frequent comment, overheard by him, in other States. It was not easy for the Medical Draft Officers in other States to understand just why Indiana rapidly attained and held a position at the very top. Some attempts were made to explain it away to mere circumstances. It is believed that there is no reason to question the credibility of the Medical Officer of the Provost Marshal General's office, who assured us that he had answered such incredulous individuals by stating that he had investigated thoroughly the work of the Local and Medical Advisory Boards in Indiana and was willing to affirm his belief that the success of the Indiana Boards was due to the high character of their members and their zeal, intelligence and buoyancy in the service.

The Medical profession of Indiana has done a great work in connection with the Draft in Indiana. Its sacrifices have been many, but the results attained have been a sufficient recompense for all sacrifices. The citizens of Indiana, as well as the officials in charge of the Draft, honor the Medical profession for its part in the World War which has just been brought to a successful conclusion.

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#### ASTHMA OF NASAL ORIGIN.

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John F. Barnhill, M. D., F. A. C. S., Indianapolis, Professor of Oto-Laryngology, Indiana University School of Medicine.

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Asthma due to nasal disease is, I believe, quite common. Its origin in the upper air tract is not always recognized. Every case of asthma should be looked upon as of possible nasal origin and therefore every effort should be made in any given case to discover whether or

not its seat is nasal or naso-pharyngeal. The nasal cause of asthma, when present and strongly suspected, is not always easy of discovery, even by those thoroughly experienced in rhinologic examination, for the reason that the tumor, inflammation or pressure-area may be



entirely hidden, not only in the early stages of the disease, but sometimes for a long time during its active progress.

It seems reasonably certain that this form of asthma must have two other causes aside from the nose. The first of these, and no doubt the most important one, is infection of the trachea and bronchi. This infection may be extensive at times and include not only the nose and throat but also considerable areas in the mucosa of the trachea and bronchi. Not infrequently there is present suppuration of one or more nasal accessory sinuses with leakage of infection products into the larynx and trachea. Suppuration of the posterior ethmoidal cells and of the sphenoids is especially harmful to the mucosa of the respiratory tract because the drainage from these spaces is directed toward and no doubt often into the trachea.

Of the nasal inflammatory infections I regard Ethmoiditis as the most frequent cause of asthma. Ethmoiditis? The name does not have the same familiar ring as tonsillitis, peritonitis or appendicitis, yet the disease is as common as any of these and gives rise to much suffering, both local and general. Undoubtedly asthma is among the latter. The pathology and real nature of ethmoiditis is with certainty too often overlooked. It is, I believe, an important disease, a better knowledge of which is so essential to the correct interpretation of a number of serious local and general diseases that safe prediction can be made that in the near future the affection is sure to receive the attention from the profession which its importance demands. Ethmoiditis is usually entirely disregarded, or designated as "only a cold," just as if a severe nasal infection were of slight importance. Too often, also, in chronic ethmoiditis, when much suppuration from the cells takes place and finds exit from the nose, the patient seems entirely satisfied to call the trouble "catarrh," to give no thought as to whether or not the condition represents a serious disease, the end products of necrossing bone and decaying soft struc-

tures which lie in the most intimate proximity to many vital intra-cranial centers. One cannot long study the clinical nature of ethmoidal diseases without arriving at the conclusion that therein lies one of the greatest fields for medical research yet lying almost virgin before the profession.

Nasal infections undoubtedly lead in many instances to congestion and infiltration of the tracheal lining and to hypersensitive bronchial mucosa—conditions especially conducive to the asthmatic state. The degree of inflammation and consequent thickening of the bronchial mucosa varies greatly with the state of the patient's general health and with the presence of exciting external causes such as the weather, but once the infection has taken place in the bronchi and trachea it seems not likely to wholly disappear. Hence, while the individual may be free from asthma a great part of the time, a fertile soil is always present, needing only a new charge of infection from the nose to incite the asthmatic paroxysm.

The second cause is a nervous one. This is, of course, apparent from the clinical fact that many instances may be cited of patients who have ethmoiditis or other nasal disease entirely sufficient to cause asthma, together with bronchial inflammation, who never have attacks of asthma. Neurotic influence must also be taken into account to explain the fact that most all attacks of asthma are paroxysmal in character.

The exact nature of the neurosis necessary to produce an asthmatic attack is not clear. The clinical behavior of an asthmatic attack, however, makes it certain that there must be, in most asthmatics, a hypersensitive state, either of the pneumogastric or sympathetic, before an asthmatic onset is possible. It has never been definitely determined whether the severity of the bronchial mucosa or to contracture of the bronchioles. Freudenthal, who has examined many hundreds of asthmatics by means of the bronchoscope, and who has, therefore, been able to actual-

ly see the condition of the mucous membrane during and between the asthmatic attacks, believes that the asthma is due to contraction of the bronchioles. There can be no question, I believe, that both inflammatory thickening and contraction of the bronchioles are present, and are responsible for the attack. This belief is based on the clinical fact that nearly all the cases I see present clear evidence of tracheal and bronchial inflammation due to infection, but that it is necessary to assume that a sudden contraction of the bronchioles takes place to account for all the phenomena actually present at the onset of the attack. The further fact that in the class of cases now under discussion, the actual cause is a reflex one, due primarily to a distant ethmoiditis, furnishes the final evidence that the nerve connection between the nose and lung must be hypersensitive as a condition preliminary to an asthmatic attack.

The treatment of asthma of nasal origin is successful in perhaps a majority of cases. As in many other diseases, success depends upon reasonably early diagnosis and surgical treatment. When untreated until serious changes in the bronchioles have occurred all treatment may prove unsatisfactory. Surgery directed toward the removal of nasal obstructions, including the hypersensitive nerve terminals which supply such areas, supplemented by therapeutics and followed sometimes by sojourns in a suitable climate, have cured a large percentage of cases. Often the cure of a case is a purely surgical problem, but one that is far from simple. Not infrequently the interior of the nose must be completely renovated and changed. In some cases one must deal surgically with a much-deformed nasal septum, hypertrophied turbinates and ethmoidal inflammation, or perhaps with ethmoidal degeneration with polypi. When the nasal disease is so extensive as here stated one or more nasal accessory sinus may be, and often is, empyemic. In all such cases the patient has constant cold, with great distress from nasal stoppage and sneezing.

Nasal infections are frequent and these spread quickly to the larynx, trachea and bronchi, with asthmatic attack. In this type of case nasal sprays, especially those with watery base, do harm. Internal medicines and climate are but palliative, but well-directed and thoroughly executed nasal surgery is imperative and curative. All necessary surgery may not be done at one operation. Sometimes several operations may be necessary, as a submucous resection of the nasal septum, a complete ethmoid exenteration, and finally a radical operation on one or more nasal accessory sinuses. In some instances even more is required, for not infrequently the adenoid and tonsils must be removed and sometimes also pyorrhoeic or decayed teeth. The surgical aim is to break up the oversensitive nerve relationship between the nose and bronchial tree, and to prevent in so far as is possible any further infection of the lower air spaces through the presence of infection in the numerous foci of the nose and throat. These operations are often major. They should be performed in a hospital.

All cases require the help of the internist. Many have heart and kidney affections. Most of them require a rigid regulation of diet and exercise; some must have change of climate, and proper advice on this point requires a thorough knowledge of the disease and a wide information regarding the climatic value of many lands. Climate in the class of cases here mentioned is of no permanent value until the nasal disease is surgically removed and until the physical state of the patient is at least partly corrected; then it may be and I believe often is permanently curative.

#### THE ULTIMATE SUPERLATIVE.

A little chap was asked to name the comparative degrees of "sick."

"Worse," said he.

"Well, if 'worse' is the comparative of 'sick,' what would you give as the superlative?"

"Dead," was the instant answer.—Harper's Magazine.

## PERSONAL INCIDENTS DURING SERVICE IN FRANCE.

William F. Clevenger, M. D., F. A. C. S., Indianapolis, Indiana.  
(Formerly Captain Surgical Division, American Red Cross.)

When U-boat activity was at its height and merchant marine ships were being sunk in considerable numbers off the American coast it was a critical time to cross the Atlantic. This period was in the early summer of 1918. Add to this a voyage without ship lights and failure to connect with a convoy on an entire journey, also a total absence of wireless operations or connections, and one has a fair picture of a situation more or less disturbing in its features.

Every man or woman who crossed the Atlantic at this period realized to the full extent that the chances were at least even that he or she would never reach the shores of France or see America again. This feeling was not in the least improved in one instance when a lifeboat detached from another ship floated past in mid-ocean. The ship carrying this boat, it was learned, had been torpedoed some twenty miles from the course of the vessel on which I sailed.

On board our ship there were about five hundred United States soldiers, three hundred and fifty Belgian soldiers, and a large number of war workers in the Young Men's Christian Association, Knights of Columbus and Salvation Army, besides the Swiss Minister and a number of men and women of less importance politically. There were a great many physicians, surgeons and nurses on the way to their various posts of duty.

The Belgian soldiers were an interesting lot. They had been around the world in their efforts to reach the fighting line in France. Early in the war these soldiers had been loaned to Russia and were left stranded and in destitute circumstances in Russia when that Empire collapsed. They had traveled through Siberia and on reaching the United States at San Francisco were, we understand, given shoes and clothing. These soldiers had nothing to say of the United States but

praise, and they were certainly a type of young manhood to be emulated.

On reaching a French port of landing in a very small way one will understand the enormous part that America has taken in the war. Everywhere one is confronted by American soldiers and American workmen. American automobiles are on the streets, American soldiers with the usual M. P. (Military Police) on the left arm direct the traffic. The whole city of over two hundred thousand inhabitants is apparently under the direct guidance of the American Army. American supplies are hauled by American locomotives and these supplies look, on every hand, like miniature mountains. From this landing place to Paris, a journey of fourteen hours, one sees constant evidence of America's activities. Training camps, cantonments, train loads of troops in transit, military equipment, such as artillery and infantry, and, in fact, all kinds of implements of modern warfare. In the air one hears the hum of many motors as the airmen deploy over the train and surrounding country. This sight is one no American can ever forget, for it is his first impression of America's efforts in the greatest event in the world's history.

Paris has been spoken of as France. Without Paris, perhaps the most beautiful city in the world, France would suffer tremendously. The German commanders were well aware of the importance of this wonderful city and directed their efforts for four years towards its capture. Thanks to America and to her sons, this ambition was not realized.

In June, 1918, when the German offensive started at Chateau Thierry, which ended in what the world now knows was their defeat, Paris was in real danger. Practically every family of Paris that could leave the city did so and the city

\* Read before the Indianapolis Medical Society on December 7, 1918.

looked almost wholly deserted, except for war activities. The enormous supplies of the American Red Cross were about to be removed and everyone available in any manner connected with this organization, we understand, was notified to hold him or herself in readiness to render any aid possible. All were on telephone call at all times.

Bombing of Paris at night was a common occurrence and every few days the long range guns would land their shells in the city every fifteen minutes. The damage done by these inhuman deeds was insignificant, numbers considered, but many hundreds of people lost their lives and much property was destroyed. The people killed were generally children or women, or old men who could not for physical reason have anything to do with the war. The soldiers, except the few on leave, were at the front or in camps. Viewed from this standpoint it was a vicious deed and will undoubtedly be condemned in history to come.

Paris at that time had none of its old gayety so well known to some of us in peace times. Women by the thousands were wearing mourning garments. The records of the Children's Welfare Bureau of the American Red Cross shows thousands of homes in which poverty was most apparent. Food was without sweets and almost without fats, hence anemia and malnutrition resulting in bone softening or rickets was very prevalent. One rarely saw a robust, healthy French subject. With it all there is ever present a wonderful French optimism seen in no other race of people of the world. The French people will teach America much in regard to sensible ways of living. We should not judge this remarkable nation or race of people by surface indications seen on the streets of Paris and other large cities.

The Paris city markets were, in the summer of 1918, quite loaded with all kinds of vegetables at a surprisingly moderate price, but meats were very expensive. One was impressed in particular with the great amount of veal for sale and served on tables in the Paris hotels.

Veal, of course, represents the young calf, and one could only wonder how the plan of conservation could be carried on if its source of supply was interfered with. The only explanation is that it was difficult to feed to maturity these calves, and meat being necessary as an article of food they were used even at the expense of final conservation.

Transportation on the streets of Paris was materially interfered with as the taxicabs were greatly reduced in number and there was a scarcity of essence, or gasoline. These cabmen were allowed by the Government ten gallons each per day, and it is easy to see that they were not available except as they were traveling in certain definite directions. The tram and underground systems were not greatly interfered with and one could travel easily in this manner. Incidentally, the underground system of Paris is without doubt the most perfect in the world, and anyone who can read even a very little French can go from one end of the city to the other without aid. Some very funny incidents occurred, however, among our soldiers in from the front. Many of them did not know a single word of the French language, and their efforts to get around the city of Paris were often most amusing.

The American wounded were sent in large numbers from Chateau Thierry to the Paris hospitals. These soldiers landed in Paris at La Chappelle station and often as many as several hundred would be there waiting transportation to the hospitals. I have been among these men, fresh from the front, suffering from all kinds of wounds, serious and trivial, and I have never heard one word of complaint from a single one of them. One incident in particular in early July impressed itself especially upon my mind. Of the several hundred to be cared for, one poor soldier looked more ill than the others. On inquiry I learned that he had been shot through his abdomen three days before and had only had the usual first aid dressing. He made no complaint, although suffering severely; in fact, said to me: "Everything has been done that has

been possible." It is not fashionable among our men to complain. They are an amazingly sturdy lot and we must bow our heads to the private soldier and to the line officer who have suffered in every manner as no one else has suffered. Some physicians in the first line aid stations are entitled to the same consideration. Those of us who spent most of our time well back of the fighting line must realize our position and give credit to him who deserves it. Our work was important, of course, but personally two weeks near the front taught me that Paris and its nice, clean hospitals look like a glimpse of Heaven after life in a tent pitched in the mud. Infested as these tents always were, or even life in the mud without a semblance of roof of any kind, which is often enough the case. In addition to all this extreme physical discomfort comes the mental effect of death and disease on all sides.

It is strange how one's mental condition changes under certain angles of vision. For instance, only a few years ago we read with dismay of some individual being killed by falling from an aeroplane in France or England, or as I remember in an attempt to cross the English Channel. But in these turbulent times we as easily read or think of thousands who have died. Death is so very common that life, even our own, seems trivial and of no great import. We are impressed with the fact that life is the cheapest thing in the universe and the individual the most insignificant part of it. Life goes on, the sun rises and sets precisely as it did before the death of these millions of human beings—men, women and children.

Something like fifteen millions of lives have been sacrificed or ruined by this war, and most of these lives represent the most vigorous, precious blood of the present generation. Three thousand miles away from the actual field of suffering dims the vision, and it is quite impossible to fully grasp the situation unless one has seen with his own eye at least some of the wounded soldiers, some of the millions of graves, some of the devastated

territory formerly held by the German army, and some of the starving women and children represented in the refugee French class made essential by the willful destruction of property, estimated now at many billions of francs. The destruction of property in the invaded portions of France and Belgium is quite beyond understanding unless one visits these regions. How the German mind could conceive of all its frightfulness is beyond conception, and what was expected in the way of results from this useless destruction of property is for them to explain. We are unable to see any rational theory why civilians and non-combatants should be abused in warfare, and it is to be hoped that due reckoning will be demanded of all the armies engaged in this strife for atrocities perpetrated by them.

The French refugee class was necessarily very large following the German drive in March and these people presented a most pathetic aspect when they landed in Paris and other cities. It will be understood that many were people in comfortable circumstances before the German invasion, and when they suddenly found themselves without home, friends or money they were wholly helpless. Without doubt many of these people would have starved if the American Red Cross had not fed and clothed them and cared for their immediate wants. I did not, of course, see a great deal of this class, but on several occasions went out of my way to acquire information on this subject. At the Gare du Nord and Gare de LEst in Paris there were Red Cross canteens and at the former I am told approximately fifteen thousand people were fed each week for several months. This, of course, was one canteen only; there were hundreds throughout France and other allied countries.

Many of these refugees were eventually sent to southern France for the winter, and while in Lyons I visited several dispensaries and saw a great many children as they were being treated and cared for by the physicians in charge. These children were a miserable lot. It is interest-

ing to note that they have known nothing in their lives but war and war conditions. They were poorly nourished, sore-eyed, lousy, anaemic, rickets, and often had contagious disease. A great many were infected with *impetigo contagiosa*. Invariably the lymphoid system was involved, and all had large tonsils and adenoid tissue in excess. The teeth were decayed and the long bones of the body were bent and distorted. The mothers of these children had five or six layers of flannel on their bodies in mid-summer. Many children died of starvation in the regions outside of Paris.

These refugee people have not, many of them, returned to their former homes for the very good reason that their homes and everything in them have been completely destroyed by the Germans. It was not the custom of this army to leave anything of the slightest value when they retreated from a town or city. These French towns (and I have seen many) are totally wrecked. The buildings in European countries are not of wood construction as here in America, but are invariably made of stone or concrete with either thatched roofs or covered with tile. Every building in the towns I passed through had been dynamited and only the walls left standing. This, I understand, is true in almost all the towns evacuated. I am told there are some few exceptions, but I did not see them. Just what this means to hundreds of thousands of human beings is difficult to appreciate.

The reconstructive period following this devastation is to be reckoned with. This winter, in particular, is sure to be vital. The winters of France are severe, and when I left that country (about November 20th) the weather was already most disagreeable. Coal is selling at three hundred and fifty to four hundred francs a ton, and is quite scarce at that figure. There is practically no sugar, butter or sweets in Paris or France except that sent from America, which is used for our sick and wounded in our hospitals. Butter is never served and saccharine takes the place of sugar. Candies are not on the market and chocolate is made from

saccharine in most instances. One must get his sweets from the starchy foods. There is no scarcity of potatoes or beans or many other vegetables. In many sections of France horse meat is being used exclusively. I have eaten it often when stationed outside of Paris in a French hospital, and may say that it is anything but pleasant or palatable.

During October, when the American Army held the Argonne sector and peace seemed a thing far off, I spent a short time in an evacuation hospital near Verdun. In this immediate vicinity at that time there were twenty-two evacuation hospitals, and they were busy places. Field hospitals did not, it seems, prove to be satisfactory in every way, and were displaced by so-called mobile units. The wounded soldiers were given first aid in the first aid stations located in the front line trenches and were then sent to the rear and later to an evacuation hospital, where they were operated upon. There were in these evacuation hospitals by far more men sick from pneumonia, influenza, diarrhea, shock, etc., than were wounded. All were in a peculiar state of mental excitement. This latter phase was very noticeable and impressed itself upon one at all times.

Many German prisoners were brought in. They were well-fed and arrogant. This demonstrates in a measure that the German armies were well cared for at the expense of the civilian population, and that Germany's collapse came through her suffering millions rather than through her defeated armies. Her armies were defeated, of course, but probably could have held on for a while longer if the internal conditions at home had been on a different basis.

The surgery performed on a wounded soldier when first received from the line of battle is interesting. Experience has shown that gas bacillus infection is most common and that tetanus is always to be thought of. Therefore the wounded man is given first of all an immunizing dose of anti-tetanic serum. The skin around his wound—which is often the size of a lead pencil where the bullet has perfor-

ated—is cut away as much as three inches in circumference and left open. This sort of surgery rather shocks one at first, but is undoubtedly excellent judgment. Secondary suturing of the skin, as I learned afterwards in a base hospital in Normandy, is quite an easy procedure. These are doubtless primary principles well known to the general surgeon, but are quite a revelation to a laryngologist.

Wounds are dressed with Dakin solution and it is remarkable how clean these post-operative cases are when examined later. Granulation is not interfered with and these patients are soon evacuated to base hospitals. The orthopedic patients to hospitals devoted to this work, the belly patients to abdominal institutions, the gas patients to chest and throat men, the pneumonia, diarrheal and other patients sick in a general way to medical wards, and contagious diseases were, of course isolated.

Just a word about asepsis. I am greatly impressed with the absolute care demanded of nurses and physicians in the handling of solutions and dressings. It would be well for us to bear in mind how easily we can infect a healthy wound by careless methods in post-operative dressings. My opinion is that we are going to have some vigorous competition when our surgeons are home again, and one thing in particular they have learned is surgical cleanliness.

My own time was spent largely in a Paris, Ear, Nose and Throat hospital. The work done in this institution was practically the same as at home. I did, however, have a few weeks in general surgical work or rather post-operative surgical work, for I did not do the surgery, in two hospitals devoted exclusively to general surgery, which gave me an idea of the enormous amount of general surgical work of all kinds necessary and incident to the war, and also some idea of the methods employed by such men as Fitch of Rochester, N. Y., in orthopedic work and many others in first surgery in the evacuation hospitals.

Continuous irrigation with Dakin solution is in vogue everywhere in the post-operative treatment of wounds, and the

Thomas splint is given preference over all other splints for fixation of the long bones. The gutter splint is used in many instances, as is the plaster cast; but the Thomas splint is by far the most generally employed.

There is much Pyocyaneus infection of wounds and there is much tetanus. Bones of the leg are wired even in infected cases, and the Lane splint is used extensively. There is much sequestrum to be dealt with as a rule.

The knee infections are treated by constant movement of the joint, and few become ankylosed. The elbow joint is treated likewise if infected only. Of course these cases are opened and drained, but the point that surprised me most was forced movement while inflammation was present. The results that were obtained in the knee cases were remarkable. I believe were once considered beyond the surgeons' skill to remedy.

Surgery of the face or reconstructive work on the face is done by many, but Maxillo, of rue Rome, Paris, is doing the most remarkable work in this specialty. His work is spoken of by all as being superior to others.

The signing of the armistice came at a most propitious time. Winter in the trenches of France it seems to me is akin to the abiding place of Satan, and winter was beginning there when the Germans quit. We have much to be thankful for and it is to be hoped that in the peace conference to come justice will be rendered all the countries of the world, and especially that the future peace of all nations will be assured and warfare made impossible. We can not forget all that we have suffered, nor can we forget that France and Great Britain spent millions of lives before we entered the struggle. These things should be considered and given fair weight. To give to the German Empire and her allies anything but fair and just treatment would be to place the whole world upon a par with the miserable German war machine, composed of ambitious paranolacs, and thwart all that our country, the first in the world, stands for, viz., LIBERTY AND JUSTICE.

# CLINICAL REPORT OF ALCOHOLIC CIRRHOSIS WITH CARDIAC DISTURBANCE.

By S. E. Earp, M. D., Indianapolis.

Name—H. C., male, age 55, married, saloonkeeper.

Present Illness—In October first noticed shortness of breath. This condition continued to increase, sometimes periods of betterment, then more intense. About December 8 shortness of breath became extreme and abdomen enlarged, and December 21 swollen ankles. Patient came to hospital December 23, abdomen greatly distended, ascites, ankles swollen and edematous. "Was sent in to be tapped" is the notation on the record. Patient dizzy, some cough.

Past Illness—Measles at age of 12. Five years ago rheumatism in ankles. None of present symptoms then noted. Shortness of breath two years ago and continuously since that time, especially on exertion. For 20 years drank whiskey in large amounts, occupation being that of liquor dealer, uses beer in large amounts.

Family History—Father died at age of 61 from broken neck, mother died at 60 years of milk leg. One sister has chronic arthritis and two in good health; one sister died in infancy, cause unknown.

Physical examination—Heart irregular, hypertrophied and dilated, with functional mitral murmur from myocardial defect. Liver is cirrhotic, but ascites interferes with percussion of liver and heart, and same is true with auscultation, but a cardiac irregular irregularity, with dilation and hypertrophy, can be fairly determined; cough and dyspnea pronounced. Pulse irregular and intermittent, poor in volume, not all contractions can be felt at wrist. Patient constantly gasps for breath and cannot lie down. Lower extremities, hands and face swollen, edema of legs, were marbled, glistening and blue, in fact, there is a general cyanosis. Blood pressure 130 S. 70 D. Temperature 97, pulse 110, respiration 28. From time of admittance to January 6, tr. digitalis, calomel,

magnesia sulphate, elaterium and belladonna were given as seemed appropriate. I saw the patient with Drs. Roberts and Little January 7. All symptoms, if possible, seemed to be worse, and the condition of the heart especially. It seemed as if the end were near. The treatment adopted was codeine when needed for relief and to rest the heart. Fifteen minims of digitalis, 1-30 grain of sulphate of strychnine and two grains of sparteine sulphate each three to four hours. Dorsey's magnesia solution and oil ricini to keep bowels moderately free only. With some modification in doses this treatment was continued until February 1. There was an improvement in all symptoms after the first 30 hours, which gradually continued. After the last date at intervals the cardiac agents were given, but in the main the bowels were kept open and a milk diet followed, suffice details of improvement the patient's condition February 1 gave no evidence of decompensation, no ascites or edema, but upon exertion very slight evidence of shortness of breath, of course evidence of cirrhosis of the liver, but in any way there is no aggravating symptom. Temperature, pulse and respiration normal. While the results are extremely gratifying and give evidence of the good results of the treatment, watchfulness is necessary, for a storm may again arise, but there is an importance in the rescue even if it is not permanent.

## ACCORDING TO METRIC SYSTEM.

Bacon—The paper says the allies gained 1,200 meters in the last battle.

Egbert—Must have attacked a gas works, I guess.—Laughing Gas.

## SHE WAS AN ARTIST'S MODEL.

He—How is it you never suffer from cold?

She—Oh, I'm always wrapped up in my work.—Widow (Cornell).



# INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

## EDITORIAL

**SAMUEL E. HARP, M. S., M. D., Editor-in-Chief.**

**ALEMBERT W. BRAYTON, M. S., M. D., Editor.**

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### THE COMMON FACTOR IN DISORDERED ACTION OF THE HEART.

Major L. M. Murray points out that the condition known as D. A. H. is always secondary. It may be the result of an hereditary taint, but usually the primary factor will be found to be some infection, accident or injury, or repeated mental shocks. Whereas such cases are usually accompanied by rapid pulse because the exciting factor has an affinity for and enhances the action of the cardiac sympathetic, the author cites the case of a patient with a comparatively slow pulse who had suffered from disordered action of the heart since boyhood. Major Murray suggests that the common factor of this condition is to be found in the body fluids. The role of the autonomic nervous system is that of the small child who starts the motor car and is unable to pull the levers of control. By means of its more or less continuous stimulation, a vicious circle begins: (1) stimulated autonomic system; (2) altered body fluids; (3) altered function—in which all systems, including the autonomic, take a part. Similar changes take place in the acute infections and other diseases, and are followed by similar symptoms; their importance in the history of D. A. H. being that once the vicious circle has been created, it is entered upon again more readily. The relation of single or repeated mental shocks depends on the de-

gree of shock and the stability of the autonomic nervous system. Breathlessness, especially on exertion, is the most common symptom of the condition and the author points out that under normal conditions the response of the respiratory center and muscles would be such that any potential alkalinity of the blood would be corrected. The alkaline balance of the circulating blood is disturbed quite apart from the respiratory system, and a further disturbance of this balance occurs as a result of deficient lung ventilation. The respiratory system in these cases cannot be judged by ordinary standards. The center bathed by abnormal fluids, with function either inefficient or exaggerated, is on a different plane. The respiratory muscles have every evidence of exhaustion. Since with increased hydrogen-ion concentration the avidity with which the blood gives up its oxygen is increased, clinically it would appear that both the center and the blood require to be further activated by carbon dioxide in order to obtain the necessary response for ordinary effort. The author states that this explanation does not pretend to be more than an attempt to correlate the clinical appearance of respiratory action with certain changes in the blood, and that it is brought forward with considerable trepidation but with the certain feeling that an analogy does not exist between the experimental

injection of lactic or other acids and the autogenous disturbance of circulating fluids such as are present in these cases. Precordial pain, Major Murray believes, is merely the distress signal of an organ compelled to work in spite of a food supply, at least altered chemically. Starling has shown that the reserve power of the heart is enormous and is dependent almost entirely upon its nutrition. Palpitation, exhaustion, the vasomotor and other symptoms are explained by the changed character of the body fluids interfering with function. The author adds that this contribution must not be considered as more than clinical, based on observation and on deductions which he hopes are within reason. It should direct attention to the importance of all debilitating factors in the life history of the individual, which, though disappearing, have created a vicious circle which readily recurs under stress, altering every function of the body, mental and physical.

This abstract from the British Medical Journal by the Medical Record for January 18, 1919, is of especial interest from the fact that it pursues an avenue in etiology and pathology which is very often neglected. All undue muscular effort could be taken into consideration, and not the least, the so-called athletic heart. The nervous system is only too often sought as a cause for functional disorders. Why not those which have a permanency? Merely a hint of the infections as a cause is given, when calling attention to the vicious circle. However, symptoms are spoken of, but it is more than this. The toxic pneumonia, and no doubt all such are toxic, would point to "altered body fluids" and "altered function." Perhaps we are all well versed on this subject and the author so takes it for granted, but the casual reader will not so regard it. The greatest fear in the pneumonias is the toxic heart. The opportunity is ever present and usually in some degree accepted. In all the acute infections, unless of a very transitory character, the common factor is a heart lesion. In broncho-pneumonia the

heart readily succumbs and in conditions where the toxic influence is not great there are reasons why we have evidence of myocardial exhaustion and, here too, the nervous element comes into play. In tuberculosis cases the pathology of the heart-muscle has been pointed out to us by not a few. The condition of the oral cavity comes to our mind as apropos concerning this topic. An abscess remotely situated from the heart may be entirely responsible for the heart lesion. It is not necessary to do more than gently hint at these factors. The influence from the influenza ravages is far reaching. Both functional and organic lesions are complications. Some patients have partial recoveries only. Do we give enough attention to the frontal sinus? It is responsible for many of the heart lesions in influenza. When a frontal headache is present for some days and considered insignificant, and thus when overworked as many have been during the present epidemic of influenza, is it not possible that we have occasionally tried to cure a heart lesion symptomatically without seeking the cause and ignoring the pathology? Syphilis of the heart would fill a volume and merely mention it. When there is evidence of an infection anywhere in the body the greatest watchfulness should be given the heart, seeking the cause and removing it as quickly as possible, and in the meantime safeguard the heart by therapy. S. E. EARP.

#### CONCERNING THE CENTRAL INDIANA HOSPITAL FOR THE INSANE.

The bedbugs, cockroaches, germs and microbes at the Central Indiana Hospital for the Insane may be pleased with the report of the state fire marshal on that institution, so Dr. George F. Edenharter, the superintendent, thinks, but he doubts if the report is of great value or interest to the state. A vigorous protest is lodged against the report on the Central Hospital because Dr. Edenharter believes the fire marshal has evaded his duty. Unquestionably it was the duty of the fire marshal to report facts as he

found them, and, if there were fire hazards, to submit recommendations for the removal of such hazards.

Dr. Edenharter believes that the marshal has attempted to shift responsibility by failure to condemn the men's building, where about 800 inmates are housed. For twenty-five years this building has been considered dangerous, and of course it grows to be a greater menace to life and health as it becomes older. Although the fire marshal did not recommend in so many words that the building be razed, he did so by implication, as shown by excerpts from his reports, quoted by Dr. Edenharter.

Dr. Edenharter is emphatic in saying that the building should go because there always is the possibility that some day a fire will destroy the structure and take hundreds of lives. The fire marshal says practically the same thing, but one has to read between the lines to get such a meaning. The men's department is not only a menace but a disgrace. Remedying the conditions is something that should have been done years ago. The coming session of the Legislature must solve this problem.

The above is from an editorial in the Indianapolis Star, based on Superintendent Edenharter's report to Governor Goodrich of the fire risk in the men's building.

When the holocaust occurs, as is extremely possible, this report will stand as proof that the superintendent and board were awake to the danger.

By all sense of righteousness this building should be replaced by a modern structure, and should be abandoned and the inmates sent back to the counties from which they came. "The men's department is not only a menace but a disgrace."

A. W. BRAYTON.

Since the above was written a committee reported to the Legislature that it was their opinion that the state institution should be removed from Indianapolis. Concerning the removal The News says:

"Two things that should be considered in connection with the recommendation

that the Central Indiana Hospital for the Insane be relocated are the present needs of insane persons and the element of time. The Southeastern Indiana Hospital for the Insane was authorized in 1905 and a contract was let for its erection at North Madison. There was an imperative need for more room, so the contractors were hurried as much as possible. They finished the work in about six years at a cost, in round figures, of \$1,500,000. The capacity of the Southeastern is 1,050 patients, which makes the cost about \$1,500 a bed. The Central Hospital now has a capacity of 1,434 patients and about 1,500 are there.

"If the Central Hospital is to be relocated and a new institution built it may take five or six years to complete the work. Based on present prices of material an institution like the Southeastern Hospital would cost approximately \$2,250,000. Thus five or six years would elapse before the new hospital was ready for occupancy and then it would accommodate only as many patients as are now in the institution.

"This program would make no provision for an increase in applications for admission. It would not provide for the insane people who are now confined in county jails, in poor asylums, orphans' homes or cared for by their families. The most rational suggestion for meeting immediate needs is the establishment of the colony plan. The colonies do not have to be on ground now occupied by state institutions. They may be a mile or five miles away. In Massachusetts some of the insane hospitals have colonies sixty miles away. The colony plan can be adopted at a minimum of expense and those who are physically able may work and earn something instead of being wholly an expense to the state."

#### TAFT AGAINST TRAITORS AND SPIES.

William Howard Taft, in his speech at Crawfordsville, Indiana, April 6, 1918, deploring the lynching of Robert P. Praeger, alleged pro-German, at Collinsville, but at the same time declaring for the legal

execution of the spies that are holding the hands of the United States, made a stirring appeal for whole-hearted support of President Wilson's administration during the present crisis. He spoke to an audience of 3,000 persons at the gymnasium of Wabash College, formally opening the local campaign for the Liberty Loan.

Mr. Taft said Americans are humane and law-abiding people and must conduct themselves as real men, restraining impulses to do wrong and endeavoring to keep firm the determination to do right.

"In the conduct of this war and the management of our government affairs we must show our contempt and hatred of German methods of brutality and inhumanity by being humane and Christian-like and as charitable as possible," Mr. Taft declared. "But," he added, "in dealing with traitors and spies within our ranks we must line them up in front of the firing squad and as speedily as possible put them out of existence."

Mr. Taft called on the people to support the administration loyally, saying that today there are no Democrats or Republicans, but true, loyal and patriotic Americans determined to do their best and win the war against Prussian militarism and kaiserism.

Since the above-noted speech of ex-President Taft's much has happened—the war is over; the tired world is discussing the way of future peace for all time to come.

Mr. Taft has grown with the years. The death of Colonel Roosevelt leaves Mr. Taft as the foremost man of the Republican party. President Wilson will go down in history as one of the great Presidents of the United States and one of the foremost diplomats of the world. Ex-President Taft is the man of the hour. He was a great man during the war and hereafter will be greater.

A. W. BRAYTON.

#### CHARLES DENNIS (DR. OLDFISH) DEAD.

During the past thirty-five years no newspaper man had so wide an acquaint-

ance among the doctors in Indianapolis as did Charles Dennis, who died in Indianapolis early in January, age 74. He never missed a doctors' convention, from college caucus to State Society. During the regime of Eastman, Haymond, Todd, Marsee, Harvey, Parvin and Newcomber he was in his prime. He knew the "ups and downs" of college affairs and hence was better prepared to handle the subject for his paper than anyone else. He knew how to ask questions that brought out the information he sought. Snacks (Gideon Thompson) was a good reporter, but could not equal Dr. Oldfish (Charles Dennis) in obtaining a good item. Mr. Thompson would often say, "Another doctors' fight, is it?" He would view the surface only and lose the item which would be resurrected by Mr. Dennis. Mr. Thompson was unequalled in some avenues of newspaper work, but no one ever equalled Charles Dennis as a "medical reporter." He was fair to the profession always, but just to his paper. He had been a druggist and medical student. His name is on the register of the Central College of Physicians and Surgeons; Dr. A. W. Brayton was professor of chemistry and Dr. J. A. Sutcliffe was an assistant in anatomy. His whole newspaper life was that of a reporter and he was especially fitted for it. He entered other avenues, showing rare ability, but the "inside newspaper job" did not appeal to him. He has frequently contributed to this Journal, sometimes a poem, then a translation from the French or an abstract. He was a constant reader of medical literature.

For many years Mr. Dennis was connected with the Indianapolis News and did some work within a week of his death. No one would attempt a better analysis of the man than appeared in the editorial columns of The News January 31, as follows:

"Not often do we see a man of wider reading, broader sympathies or more tolerant temperament in the ranks, or one of kindlier humor. His satire, and he wrote much of it, was piquant rather than caustic, and even where it was necessary

to cut, he never left a jagged wound. In recent years he had been happiest in a reminiscently narrative vein, as all who have read the Dr. Oldfish papers published so frequently in *The News* will realize—for Dr. Oldfish was Charley Dennis (and some day Dr. Oldfish will be preserved in book form to the delight, we are sure, of a large company of readers). One reason why these and his occasional verse were so good, why they had so much of the real life touch, was because he took so much pleasure in his work. He understood the nuances of the language, and used them discriminately to produce effects that were both entertaining and informative. Nor was he without the ability to ornament his productions with Latin, French and German when good taste permitted.

"The mind of Mr. Dennis was stored with curious lore, in which he took a scholar's delight. This he had garnered in the bypaths of literature and history. He had many of the quaint tastes so often noted in men who love learning for its own sake. There was in him more than a touch of Robert Burton, of whom it has been said: 'He was a wide and curious reader, and the book to the composition of which he devoted himself quotes authorities without end. All was fish which came to his net; divines, poets, astrologers, doctors, philosophers, men of science, travelers, romancers—he draws from the whole range of literature.'

"In the broad scope of his reading in English and other languages, Mr. Dennis's favorite author appeared to be Charles Dickens, with whose works he had an enviable familiarity. Any question concerning Dickens had only to be referred to Charley for an irrefutable decision. He also took great delight in reading Maupassant and other French immortals in the original, as well as in the poems of Scott, Burns and such sympathetic masters of verse. To contemporaneous novels he did not give so much attention being better satisfied with writers who had proved themselves, but

with the best of the day-to-day output he was always familiar.

"It was not surprising that he knew so many people—his work brought him in contact with them; but he not merely knew them—they were his friends; and they were his friends because he was a friendly man, and a most entertaining companion. Drawing from his deep store of knowledge he could discuss in an interesting manner many subjects that would have been mere dead wood, lifeless statistics and unattractive facts in the talk of another man who might have been as well informed, without the conversational graces." S. E. E.

#### KEEP YOUR PAYMENT PLEDGE IN LIBERTY BONDS.

Practically all the victories of the Allies from the first stand on the Marne in 1914 to the surrender of Bulgaria, Turkey and Austria may be condensed into the word "Hold!" Marshal Joffre's order of September 5, 1914, commanded the French troops to hold every inch of ground occupied and die in their tracks rather than yield. At Chateau Thierry last July the same principle governed the American marines and infantry. "Hold!" That is the word for Liberty Bond subscribers.

F. O. Wetmore, president of the First National Bank of Chicago, sums up the case in this way:

"The people responded most loyally and liberally in their subscriptions to the Fourth Liberty Loan. Unless the purchasers now hold and pay for their bonds their action in buying has been of little benefit. Every purchaser, therefore, to make his loyalty and liberality one hundred per cent. must save and pay for his bonds, when he or she will have in addition that grand and glorious feeling of being the owner outright of the most choice investment in the world."

A subscriber who keeps his payment pledge wins a real Marne victory over temptation to "quit." A subscriber who fails, needlessly, suffers a terrible moral defeat.

## ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators.

### A TEACHER ON TEACHING METHODS.

Dr. Nicholas Murray Butler, president of Columbia University, recently delivered an address at Princeton, N. J., before an educational association which contains many unfavorable criticisms and comments on modern methods of teaching. Dr. Butler is always very positive in his views and usually finds people to disagree with him, but his opinions on educational matters are at least entitled to respect and attention.

He congratulated his hearers on the fact that at a critical time for the history of education in the United States the war had brought about a realization that we were following too closely in our schools psychology without a soul as practiced by the Germans, and had also taught us that the proper place of efficiency is as the servant of a moral idea, efficiency apart from a moral idea being an evil and a wicked instrument which, in the end, can accomplish only disaster.

Dr. Butler does not content himself with criticisms of existing methods of education, but is also constructive. As against psychology without a soul, he declares that the fundamental aspects of civilization are: Ethics, the doctrine of conduct and service; economics, the doctrine of gainful occupation, and politics, the doctrine of reconciliation between the two and of living together in harmony and helpfulness. In some way the instilling of the principles of these must be made a part of education. Coming down to details, he says there are three subjects which lie at the heart of an effective education, subjects to which all other forms of instruction are either introductory or ancillary, or complementary or interpretive. These three are literature, history and philosophy, and they will, he asserts, continue to preside over all other subjects and to offer the largest and best opportunity for the rarest and

best furnished spirits unforgetably to serve their kind.

Sharp criticism of certain methods of teaching is contained in the address. The natural sciences, he asserts, have been taught in the wrong way, and adds: "The popular American textbooks in chemistry and physics are almost without exception examples of how those subjects should not be taught, while the popular textbooks on biological subjects are only a little better." Substantially the same thing, he thinks, may be said about instruction in foreign languages. Greek and Latin have been practically asphyxiated by wrong methods of teaching, while the inefficiency shown in teaching French and German he considers inexcusable.

Many a college graduate who has studied French for years is utterly unable to carry on a conversation in the language, Dr. Butler says, while thousands of our soldiers in France, after six months, are able to carry on a comfortable conversation under ordinary conditions, with a vocabulary of at least 1,000 words. The main purpose in studying a foreign language, he insists, is to master it sufficiently to be able to use it in daily intercourse. He considers it of the first importance that American schools and colleges should teach French, since it is the universal language of diplomacy and the common link between educated men and women the world over. Spanish, Italian and German should be taught with a view to their use in conversation.

Dr. Butler sharply criticises the common method of teaching English language and literature. The habit of compelling students to write constantly on all sorts of topics as a means of improving their English he considers objectionable. The way to teach students to write good English is to teach them to read good English, he declares. The daily theme may make technical improvements

in a student's style, but if he becomes familiar with good English through reading and then has something to say he will say it in better style than if he had spent his time in writing daily exercises.

This last is iconoclastic, so well established is the school custom of drill in writing English, but doubtless Dr. Butler is right. The habit of reading the best books has, of course, enabled the many men who have had no school training of consequence to write faultless English in the most finished form of expression—Abraham Lincoln as an illustrious example. Dr. Butler's paper is likely to arouse a good deal of discussion in school circles, and that is, of course, what he intended it to do.

Dr. A. W. Brayton, who has been a teacher for forty years and in medicine since September, 1879, considers the above abstract as a good representation of the subject. It appeared in *The Star* December 5, 1918. It is timely and well worth reading. S. E. E.

#### SIGNS OF DEATH IN MILITARY PRACTICE.

Satre (*Presse Medicale*), states that Icard's fluorescein injection and the acid reaction of the splenic pulp the procedure of Ambard and BrisseMOREL, have both given satisfactory results in sanitary formations at the front and afford certain information of actual death. Other procedures, of a physical order, have also given good results. The first is Icard's forc-pressure method, based on the permanence or evanescence of the ischemia of the tissues induced by compression. Another is Lorain's old procedure of exposing the forearm, calf, or thigh to a flame; if the blister which forms is filled with air and bursts with a cracking noise leaving the dermis dry, the man is dead, whereas if the blister contains fluid, death is but apparent. Among the ocular signs, hypnotic shrinkage of the eyeball is not characteristic. More reliable and constant is the sign of Lecha Marzo; this consists in placing beneath the lids a strip of neutral litmus paper which turns red in a few minutes if the subject is dead and

blue if he is living. Other ophthalmic reactions comprise, rubefaction of the eyeball by ether installation, the actual cautery, scraping the conjunctiva, application of copper sulphate subconjunctival saline instillations and injections and the dionin reaction.

#### DIAGNOSTIC TEST OF DEATH.

Dr. Lecha-Marzo, of Seville, an ophthalmologist, in the *Archives Medicales Belgae* for March, says:

"The tissues and secretions of the eye are at first alkaline, then amphoteric and finally acid. While other tissues have been known to again become alkaline after acidity, this has never been seen in the eye, so that ocular acidity is proof of death. Moreover, in almost every case this acidity is precocious, appearing within the first eight hours. It has been recognized as early as a half hour after death. In this connection, at the author's eye clinic the tears have been tested in over 1,100 patients with various eye diseases, and in not a single instance was an acid reaction obtained. To practice the test, place a piece of litmus paper on the globe of the eye, beneath the lids, and then compress the latter. In the living subject the paper at once turns blue. If the subject is a cadaver there is either no change in the paper, or else a marked rose color appears."

It is based on the changes taking place in the tissues of the eye, and as he says, "is very simple."—*Medical Record*.

#### END, MEDICAL JURISPRUDENCE SOCIETY.

The majority of the members of the American Association of Medical Jurisprudence, headed by Supreme Court Justice Bartow S. Weeks, have filed an application in the Supreme Court for the dissolution of the corporation. The petition shows that the membership has decreased from 200 to 23, and that there is general lack of interest in the organization. The corporation has only \$429 in the treasury, but has no debts, and in case of dissolution this money will be divided among the members. Justice Mul-

lan signed an order directing all persons interested to show cause on July 30 why the corporation should not be dissolved.

#### FLU TOLL SINCE SEPTEMBER 15 IN UNITED STATES NEARLY 350,000.

WASHINGTON, Dec. 4.—Between 300,000 and 350,000 deaths from influenza and pneumonia have occurred among the civilian population of the United States since September 15, according to estimates of the public health service. These calculations were based on reports from cities and states keeping accurate records and public health officials believe they are conservative.

The epidemic still persists, but deaths are much less numerous, according to reports reaching here. A recrudescence of the disease now is occurring in many communities throughout the country, but this is believed to be sporadic and not to indicate a general renewal of severe epidemic conditions.

#### Insurance Companies Hit.

Insurance companies have been hard hit by the epidemic, government reports indicate, although there are no figures available here to show total losses sustained by the companies. The government incurred liabilities of more than \$170,000,000 in connection with life insurance carried by soldiers in army camps not including those in Europe. About 20,000 deaths occurred in the camps in the United States, War Department records show.

#### INFLUENZA PROBLEMS IN THE LABORATORY.

The present epidemic of influenza complicated by pneumonia is a very perplexing problem. It seems to be the general conclusion that influenza of itself does not cause death but does prepare the soil for other bacteria in the lungs.

The infectious material of influenza, even in high dilutions, causes the disease, so that it is almost impossible to stop an epidemic. Probably everybody is infected and only 25 per cent of all persons show marked symptoms of the disease.

Influenza bacilli persists for a long time in the nasopharynx so that the number of convalescent and contact carriers is always very high. The influenza bacilli seems to attack every tissue and organ. In some it is the intestinal type; in others the nervous; while in still others it is the respirator type.

The pneumonia which is due to a secondary infection with some other organism is seldom caused by type I or II pneumococci, but by type III or IV. The character of type III pneumococci is uncertain and some bacteriologists question whether it should be included among the pneumococci at all. It is usually called streptococcus mucosus. However, it is agglutinated by its type sera and does not produce hemolysis on fresh blood. No potent specific curative serum against type III has ever been produced.

Type IV pneumococci is a sort of "catch-all" for cocci that have the cultural characteristic of pneumococci. They are usually thrown into type IV because they do not agglutinate by the other type sera.

We also find streptococcus hemolyticus in the lung lesions. This common type of streptococci is the causative factor in most severe streptococcal infections. However, the streptococci found in influenza pneumonia does not tend to produce the usual general septicemia.

The relation of influenza bacilli to the other bacteria must be somewhat analogous to the initiative factor of hog cholera and the hog cholera bacillus. The latter is usually the cause of death, while the former is the cause of the initial symptoms.—Monthly Bull. Ind. State B. of H.

#### KAISER'S COUNTENANCE MARRED.

OYSTER BAY.—A life-sized painting of Emperor William, presented by him to Theodore Roosevelt several years ago, came to grief when a party of citizens visited the home of its possessor, Mrs. C. R. Pollitz, here recently. The picture had been given to the public library by Roosevelt and hung there until after



the sinking of the *Lusitania*, when it was relegated to the cellar. Mrs. Pollitz offered \$5 for the painting to the trustees and became its owner. The incident was forgotten until the death of Lieutenant Quentin Roosevelt and then the villagers recalled it. They organized a party, and going to the home of Mrs. Pollitz, demanded the picture. Mr. Pollitz was willing to give it up, but Mrs. Pollitz wished to keep it, members of the party said. In the struggle on a balcony for its possession the portrait fell among the vigilantes gathering in the street. A sailor promptly put his foot through it.

#### HUNS GET LITTLE KNOWLEDGE FROM AMERICAN PRISONERS.

GENEVA.—“Ask Pershing!” “Cable Wilson!” These are some of the answers given by American prisoners to German officers who question them on naval and military matters.

The German officers are furious at the American prisoners for their refusal to divulge any information whatever, and the coldly sarcastic manner in which the men almost invariably reply to those seeking information.

The majority of the Americans taken prisoner by the Germans are quartered in the Rhine cities of Darmstadt, Karlsruhe and Giessen, according to advices reaching the American branch of the International Red Cross here. Allied air men who bomb these cities are cheered by the Americans, the advices say.

#### PRESIDENT WILSON SON OF A PREACHER.

President Wilson's father was Joseph R. Wilson, a Presbyterian preacher of Scotch-Irish descent. The President's mother's maiden name was Janet Woodrow. She was a daughter of the Rev. Thomas Woodrow, a Presbyterian preacher, who was born in Scotland, settled at Carlisle, England, went as a missionary to Canada and came to the United States as pastor of a church at Chillicothe, O. The daughter Janet was

born at Carlisle, England. She was a pupil at an academy for girls at Steubenville, Ohio, while President Wilson's father was a preacher there.

#### TRENCH FEVER.

The London correspondent states that trench fever, after having been identified under a good many names and after the name had been applied to a good many varying conditions and phases of numerous diseases, is now recognized as an entity and the latest investigation carried out on behalf of the war office has thrown light on the mechanism of its infection. The work has been carried out by Major Byam, Captain J. E. Carroll of the United States Army Medical Service, Captain Lyn Dimond, and an enthusiastic band of volunteers, and the result is an important chapter in the epidemiology of parasite-borne disease. Lice as carriers of the infection had been identified, of course, long before this latest investigation was undertaken, but some points have now been established of great scientific interest. The voluntary workers, to whom allusion is made, were the subjects who submitted themselves to the bites of infected lice, and the first point established was that trench fever could not be produced by the bite alone of infected lice. One man who received no less than 9,518 bites by lice fed on trench fever cases did not sicken, nor did another who was bitten 13,224 times over a period of fifteen days. It was noted that while the younger patients with lice upon them always yielded to the desire to allay irritation by scratching, the older volunteers, in whom infection more frequently missed, were those who did not scratch. This observation led to the suggestion that infection high be due to scratching in of the lice or of their excreta, and the successful result of the experiment of scarifying the skin and rubbing in crushed lice or the excreta of lice fed some time before on trench fever patients at once confirmed this view, the volunteers so treated developing the disease after an incubation period averaging eight days.—*Med. Standard.*

### RESULTS OF ORAL SEPSIS.

With some medical men there is a tendency, perhaps, to magnify the effects of oral sepsis, while a larger number of practitioners are disposed to minimize its significance and to underrate its influence upon the general health. Recently, more than one authority—Dr. Henry Cotton, Medical Director of New Jersey State Hospitals for the Insane, amongst these—has advanced the startling theory that there is an intimate relationship between infected teeth and insanity, and that not infrequently in cases of mental derangement the extraction of such teeth and, if necessary, the removal or thorough cleaning of areas or foci of septic material will bring about a permanent cure. Dr. Murray in the *Canadian Medical Association Journal*, November, 1918, also traces a connection between mouth infection and insanity. Sir Arbuthnot Lane, the London surgeon, is to a great extent a disciple of William Hunter, who was the first to disseminate the view that oral infection had much to do in the origin and development of many systemic diseases and especially of pernicious anemia. Lane is of the opinion that a dirty condition of the mouth exerts a profound influence upon the alimentary tract which in turn reacts on the mouth until a vicious circle is formed, producing intestinal toxemia and diseases of divers sorts and kinds. A remarkably able paper on the subject was read by Dr. H. B. Anderson, of Toronto, at the annual meeting of the American Therapeutic Society in Richmond, Va., June 7 and 8, 1918, and published in the *Medical Record*, August 24, 1918.

Dr. Anderson deals with the question from a somewhat different angle to that considered by the majority of the voluminous writers during the past few years. Attention up to very recent times has been centered mainly on pyorrhea, dental caries and on other more obvious manifestations of oral sepsis, while, as Anderson points out, the fact has been overlooked that the greatest danger is not from these but rather from apical or dentist is a whited sepulchre, outside

beautiful but inside corruption, because "the devitalizing of teeth and sealing up root infections. Often the work of the of infection by fillings, or under crowns and bridges, permits the development of serious pathological conditions, with neither symptoms nor obvious signs of the danger menacing the patient's health." However, the author draws attention to the fact that dentists as a rule have been foremost in warning of the risks in these cases. In the preparation of his paper Anderson studied two hundred and fifty-seven private cases, all seen in office practice, of which he has full histories, and he has therefore been able to follow these more closely than in hospital practice. From an earnest perusal of the paper two salient points are manifest: (1) That oral infection has frequently an apical or root origin; and (2) if it is shown to have a definite causal relationship to any one disease, as tonsillitis or exophthalmic goiter, it may also be, per continuum, the cause of other conditions of which the latter are known to be a starting point. Accordingly, in the opinion of the author, oral infection may be the primary, the contributory, or the exciting cause of a very large number of maladies and conditions of ill health, and the state of the mouth and teeth should be carefully investigated by the scientific means at the disposal of the modern medical man to determine whether and to what extent it is responsible for the symptoms. Finally, Anderson offers the very sound advice that in many cases of oral sepsis the interests of the patient will be best secured by consultation between dentist and physician—*Int. Jour. Surg.*, Jan., 1919.

### THE QUESTIONABLE ETIOLOGY OF THE PRESENT EPIDEMIC.

When the epidemic made its appearance in the east, especially in Boston, bacterial examinations of post-mortem lesions, especially lung lesions, showed the influenza bacillus a fairly constant organism, which therefore led to the belief that it was the primary cause of the disease. But similar investigations carefully

conducted by various laboratories in the Middle West showed the pneumococcus and streptococcus of the hemolytic type the most constant organisms, while the influenza bacillus was found in only about 14 per cent. of the cases examined. This naturally raised the question whether there was not an unknown organism which was responsible for the primary illness, while the influenza bacillus, pneumococcus and streptococcus came in as secondary invaders and were really responsible for the fatal termination.

This contention looks very plausible and conforms with some known conditions in infectious diseases. No malady has been more extensively and more carefully studied, bacteriologically, than smallpox and cowpox in the process of preparing smallpox vaccine; but no one has found or identified the organism responsible for variola. The great communicability of this disease among the unimmunized is well known. The patient comes down with fever and somewhat characteristic pain in the back and within a few days the characteristic lesions appear on the skin. These develop to the vesicular stage and meantime the patient feels much improved. His temperature decreases, the pulse is better, the toxic symptoms subside, and for all practical purposes the infection due to the smallpox virus has run its course, but the vesicles in the skin resulting therefrom have created a very favorable condition for secondary infections by streptococci and staphylococci, which are responsible for the development of the pustules, the coincident rise of temperature with other toxic symptoms, and in severe cases for the fatal termination. In other words, the smallpox virus simply creates favorable conditions for secondary infections by streptococci and staphylococci, which are really in reality become the dangerous factor in the disease. We have a similar condition in scarlet fever and measles. No organism has as yet been definitely identified as being responsible for scarlet fever, but it is well known that the streptococcus is the dangerous infecting agent. Furthermore, the specific cause

of measles has not been determined, but in this disease the danger arises from bronchopneumonia or pneumonia due to pneumococci and streptococci.

Reasoning from these known conditions it is entirely logical to assume that the present epidemic is due to an unknown infecting agent, but that this agent predisposes to infection by pneumococcus, streptococcus, influenza bacillus and other bacteria, and that these secondary organisms, as shown by post-mortem investigations, are really responsible for the severity of the disease.

So the logical procedure to follow is to at least raise the resistance toward the infecting organisms responsible for the development of the dangerous factors in influenza. This can best be accomplished by immunization with a combined vaccine containing the influenza bacillus, pneumococci, streptococci, the micrococcus, catarrhalis and staphylococci. That this method of immunization is effective in preventing the dangerous or fatal complications of this disease has been well illustrated during this epidemic, where it has been applied among nurses in hospitals, employees in large industrial plants, and in families where some member was sick and the rest were immunized. The inoculations are made at three or four-day intervals and three injections should be given. It is found that very few who have received three injections contract the disease, and when they do the attack is mild.—G. H. Sherman, M. D., in *Int. Jour. Surgery*, Jan., 1919.

#### TREATMENT OF CONSTIPATION BY DIET.

Kenneth G. Haig ("Health Through Diet") argues that it is much better to treat constipation by dietetic means than by drugs, unless absolutely compelled to do so. The writer recommends the following means for regulating the bowels:

- (1) Lubricants: Butter, nut-butter, olive oil, nuts or any kind of grease or fat.
- (2) Irritants: Vegetables both cooked and raw, fruits, especially figs and prunes.

These excite peristalsis owing to the large amount of indigestible refuse they con-

tain. Olive oil or butter should be taken plentifully with potatoes, vegetables and salads. An extra tablespoonful or more of olive oil can be taken as a medicine last thing at night. Raw carrots and turnips pounded up in a mortar and taken to the extent of an ounce or two are often very effective.

It should never be permitted that people go for two or three days without a motion. Moreover, the feces should be comparatively odorless. Odorless motions mean less putrefaction. According to Metchnikoff, the presence or absence of putrefactive organisms in the large intestine is the chief factor that affects the duration of life.—Critic and Guide.

#### ACUTE DILATATION OF THE STOMACH DURING AND AFTER ANESTHESIA.

This complication is in reality very rare. When it does occur, it is not rarely fatal.

The dilatation is an indirect effect of the anesthetic, or is due to the patient's swallowing the ether vapor, which, on its entrance into the stomach, distends this organ mechanically, and possibly by its direct action impairs its nervous and muscular mechanism. The great majority of patients save themselves by vomiting or belching, but if the distention is at all severe, particularly if it takes place while the patient is still under the influence of the drug, such automatic measures of relief fail and the surgeon must relieve the stomach as far as possible of its contents.

It is thought by some that active purging of a patient prior to taking an anesthetic tends to predispose the patient to this complication, and without doubt prolonged starvation, induced by disease or ordered as preliminary to the anesthetic, by diminishing vitality may have such an effect. The most efficacious effort is immediate and repeated stomach washings, and the employment of hypodermoclysis and possibly also enteroclysis.

Momentarily putting the patient in a semi-erect or stand-up positions enables the patient to belch. When paralytic dis-

tention has actually developed, the best position is flat on the back with a pillow under the buttocks so as to raise the lower part of the trunk above the level of the thorax. Drugs do not seem to be efficacious, not even adrenalin, which has been employed, as have also strychnine and eserine. We have never seen the use of eserine produce good effects, possibly because when it has been tried the patient has been too ill. On the other hand, we have seen it produce ill effects, the patient seeming to go into collapse after its free administration. So far as drug administration is concerned, we believe that strychnine and adrenalin hypodermically probably offer the best result or, in place of adrenalin, pituitrin. Some of the danger of acute dilatation due to ether can be avoided by the proper administration of the drug. If the drug is pushed when a patient struggles he is very apt to swallow the ether vapor as well as inhale, and, therefore, gastric symptoms, under the modern method of drop anesthesia, are less frequent than they were when older methods were used and when it was customary to push the drug vigorously with what was practically a closed inhaler.—Med. Brief. Feb., 1919.

#### THE SECRETORY PRESSURE OF THE LIVER WITH SPECIAL REFERENCE TO THE PRESENCE OR ABSENCE OF A GALL-BLADDER.

F. C. Mann and J. P. Foster (American Journal Physiol, 1918, xlvii, 278-282) states that previous work by Judd and the author had demonstrated that the extra-hepatic ducts dilate after the removal of the gallbladder. This result seemed to be due to interaction of the pressure exerted by the liver and the sphincter at the duodenal end of the common bile duct. It seemed desirable to know whether the secretory pressure of the liver varied in species of animals with a gallbladder from those without one. Previous work on the secretory pressure of the liver is reviewed. The pressure was measured in the rabbit, guinea pig, striped gopher and goat, species that pos-

sess a gallbladder, and in the white rat and pocket gopher, species that do not possess a gallbladder. From the results of the experiment the following conclusions were made: (1) The secretory pressure of the liver was found to vary considerably in the various species of animals. The reason for this is not clear; there may be many causes; however, the presence or absence of the gallbladder does not seem to be one of them. (2) The secretory pressure of the liver appears to be somewhat greater in unanesthetized animals than in those under an anesthetic, but since the data obtained on anesthetized animals were only comparative, the conclusion that the presence or absence of the gallbladder bears no relation to the secretory pressure of the liver is justified.—Minnesota Medicine.

#### FUNCTIONAL NEUROSES IN LABYRINTH DISTURBANCES.

Beaudoux, in *Minnesota Medicine* for January, in speaking of labyrinth disturbances, says:

Concerning the treatment of the functional neuroses it at once appears that every case must be considered by itself and treated accordingly to its individual diagnosis; the important factor, however, in the recovery is absolute quiet, rest in bed in the majority of cases, no matter what the diagnosis may be, for most of the time these patients are restless and have inclinations to do just the opposite of what their condition demands. If the case be caused by middle ear conditions, these, of course, must be corrected, if syphilitic, receive the proper treatment, if caused by brain tumor, proper localization and surgical interference determined, etc. Many of the lighter cases have come before us unrecognized and have been quickly relieved by a brisk cathartic and rest in bed for a few days, bromides and small doses of pilocarpine.

In conclusion let me say that where dizziness exists the ear must first be subjected to a rigid and careful analysis, for as I have pointed out to you, the ear alone is responsible for this symptom. The tests will show the ear to be either

normal or abnormal, and, as Jones sums it up, "If the responses are normal we have narrowed the diagnosis down to (1) a purely functional neurosis, (2) ocular or vascular disturbance, (3) an evanescent toxemia, the source of which must be searched for. If abnormal, the test will help to locate the point of disturbance either within the ear itself or along its pathway within the brain." If we do this, such reported incredible errors as have been made and reported by members of our profession should rarely occur.

The one thing which I wish to emphasize, besides the fact that wherever we are confronted with vertigo, dizziness and vomiting, and, as I have already stated, the possibility of these symptoms having a direct and indirect relation to the middle ear, are the cases that present themselves with the mild symptoms of dizziness, some staggering and the often described sinking feeling, for these are the cases that have been for a long time misunderstood and allowed to suffer without relief. Let me illustrate by briefly relating a few cases: First, a male, age 64, began to complain of having sinking spells with vertigo and dizziness while splitting wood, which he did as a matter of exercise and pastime. He had seen several physicians and had been thoroughly examined without any suggestion as to the causative factor of his condition. After going through all the ear examinations necessary to make a diagnosis, I found that he had a hyper-sensitive labyrinth which was hyperexcited by the use of a metallic mallet and a metallic wedge. The high-pitched resounding note of these two metals coming in contact with each other was accountable for his symptoms, and after advising him to use a wooden mallet to split his wood, his symptoms entirely disappeared without any recurrence. The second case of the same variety was that of a man who was unable to ride in his automobile, and had been obliged to draw to the curb several times for fear of meeting with some accident, and once had to be taken home by his son. After several negative ex-

aminations made by his family physician, internists, and others, I was able to trace his trouble to the high-pitched whistle of his engine which, when removed, left him with a complete cure of his fainting spells, dizziness and vertigo. The third case was that of a physician, a member of this society, who became suddenly dizzy and had an attack of vertigo and staggering after having played baseball with the home team on a summer's day. This patient was referred to me by Dr. Greene, who had examined him carefully without finding the actual cause of his trouble, except that it might be due to some labyrinth disturbance. His suspicions were all confirmed by examinations and tests. He was told that it would be necessary for him to go to the hospital for a month, which he did not do for three or four weeks, but finally fully recovered after following the above advice. The fourth case was that of a male, age 33, who was helping his wife wax the floors on a hot day, and felt dizzy and fell to the floor and for several months was annoyed by dizziness and staggering of a very serious character. After writing me, I advised him to come to St. Paul where my suspicions were confirmed by the examination of his labyrinth, and a month in bed with treatment and absolute rest brought about a permanent cure. You will, therefore, see that there are various degrees of these symptoms, some of them very slight and yet most annoying and endangering the patient's life and safety. I regret the time allotted for the reading of this paper would not let me relate many of these cases which have come under my notice, but I trust these few cases, as enumerated briefly here, will serve to impress upon your minds the relationship existing between these patients' symptoms and the labyrinth in one form or another.

#### CHORDEE.

The term chordee denotes painful erections accompanied by a curving of the penis. It occurs in acute gonorrhea.

Dipping the penis in hot water, or water containing some lead and opium wash

(Solutio plumbi et opii 1 part, hot water 7 parts), or a warm sitz bath (100° F. gradually raised to 115° or 120° for 5 to 10 minutes), act as a prophylactic. But when the erection or chordee is actually present, then dipping the penis in ice cold water, or wrapping it in an ice cold compress, or surrounding it with pieces of ice, is more efficient. A sixtieth of a grain (1 milligram) or atropine sulphate is frequently effective in preventing any erections.

Aconite, grt. i of the tincture hourly, will relieve chordee.

Morphine, hypodermically, is a sure remedy; it should be injected at bedtime.

Belladonna, combined with camphor or opium and oil of theobroma, gives excellent results. The following is a good prescription:

Morphine Sulph. ....gr. 1/3  
Ext. belladonnae ....gr. 1/4  
Ol. Theobromae ....gr. xxv  
M. f. Suppos. No. 1. Tal. dos. Vi S. Insert one on going to bed.

Lupulin, monobronated camphor and hyoscyamine are efficient for internal use.

The following formula is useful:

Lupulini ....gr. v  
Camphorae monobron ....gr. iii  
Hyoscyaminae hydrobrom. ....gr. 1/60  
M. f. Caps. No. 1. Tal. dos. ....xii  
S. One before going to bed.

In obstinate cases an additional capsule may have to be taken an hour before going to bed.

The diet should be low. No stimulants are to be taken. Alcohol is strictly forbidden.

Copious draughts of barley water, or linseed tea are beneficial.—Critic and Guide.

#### ANTISEPTIC FOOT POWDER.

Eucalyptol ....40 mins.  
Salicylic acid ....3 drs.  
Zinc stearate comp. ....3 drs.  
Boric acid ....5 ozs.  
Talcum ....6 ozs.

Mix intimately and use as a dusting powder.  
A. W. B.

## THE PREVENTION AND TREATMENT OF HEMORRHAGE IN ENUCLEATION OF THE TONSILS.

William Hill (The Practitioner) refers to several methods of enucleating tonsils with hemostatic technic under prolonged anesthesia, which insure a dry condition of the tonsillar beds. 1. The snare, wire-loop method. 2. The hemostatic guillotine method. 3. The combined guillotine and snare method. 4. The method by dissection throughout. 5. The method by preliminary sub-total dissection and completion of the enucleation with the snare. Of these the use of the snare alone is the simplest and usually the most hemostatic, but unfortunately it is not of universal application, being only suitable for pedunculated tonsils, that is, those in which the projecting portion of the tonsil is much longer than the embedded one, and in which there has been no previous operation nor attack of tonsillitis or quinsy to cause firm cicatricial adhesions of the capsule and pillars with the deeper portions of the tonsillar bed. In suitable cases, Hill thinks, the snare method is the operation of choice and it finds its most useful field of application in younger children. The method of dissection in combination or not with the snare is probably the least hemostatic one; that is to say, there is more bleeding during the actual operation than is experienced in the other procedures mentioned, though this bleeding in the tonsillar bed can and must be controlled and stopped before the patient leaves the table. This method is by far the best in the sense that in skilled hands the tonsil can be enucleated complete with absolute certainty and the accessory faucial tonsil or lingual extension can be removed at the same time; it is more especially indicated in cases in which there are cicatricial adhesions between the capsule and its bed, as is the case after previous attempts at removal and after attacks of quinsy. It is the operation of choice in most adults, in whom the connections of the capsule with its bed are tougher than in children. It is also the most certain means of removing those

buried and small diseased tonsils, whether in the adult or in the young, which are not always easily dealt with, even by experts, by means of the guillotine.—*Int. Jour. Surgery.*

## TREATMENT OF PERITONITIS.

Dr. E. E. Montgomery, in the *Therapeutic Gazette* for January, 1919, at the close of an article on the treatment of peritonitis:

1. Absolute rest of the patient in bed under the care of a prudent, tactful nurse, excluding as far as possible all solicitous relatives and friends. Rest (a) of the gastro-intestinal tract through the exclusion of purgatives or even food by the mouth; (b) gastric lavage where the patient is vomiting or there is distention of the upper abdomen; (c) by placing the intestines in a splint through the frequent administration of morphine hypodermically.

2. Maintenance of nutrition and promotion of elimination through continuous proctoclysis with normal salt or glucose solution delivered into the rectum at the rate of twenty to thirty drops every minute, the patient so placed as to cause the fluid to gravitate to the internal end of the drain. Where several drains have been employed the position of the patient should be frequently changed so that drainage shall be equally effective from each of the affected cavities. Should the support of the patient prove inefficient, the proctoclysis may be supplemented by a hypodermoclysis of a pint of salt solution twice daily under each breast. When the proctoclysis is not retained it may be employed at two-hour intervals and its nutritive value increased by the use of white of egg, peptonized milk, bouillon and other readily absorbed articles of food.

3. The promotion of resistance to infection by the employment of heat over the abdomen, especially after the acute symptoms have subsided.

4. Resort to surgery for drainage when it is evident that suppuration is localized, and where possible, effect the drainage through the vagina.

5. Avoid too early interruption of the morphine, and too early resort to gastric feeding. When the patient begins to pass flatus by the bowel or a free fecal evacuation occurs may be considered an indication for discontinuance of the morphine and for feeding, but the change should be carefully made. Purgation even at this stage should be avoided. Convalescence is necessarily slow, and will be promoted by careful feeding, judiciously selected tonics, and encouragement to take exercise.

#### MEDICAL METHODS VS. SURGICAL PROCEDURE IN CHRONIC INTESTINAL CONDITIONS.

Some time since Woolley in concluding a paper dealing with constipation and intestinal autointoxication gave as one of his conclusions that surgical operation for intestinal stasis is not justifiable except as a last resort. We have called attention on a previous occasion to the opinion of other able abdominal surgeons to the effect that this statement is emphatically true, and we think it may be fairly stated at the present time that the vogue, which arose from the enthusiasm of Mr. Lane, of England, concerning kinks, veils, membranes, adhesions, dilations, and other abnormalities of the intestinal tube and their relief by surgical procedure, is distinctly on the wane.

Bearing in mind Woolley's conclusion just quoted, and using it as a guide, we think there are few instances in which such measures will be attempted, and we believe that the cases will be few and far between when ultimate benefit will result to the patient who is operated upon, even if an abnormal condition is found at operation. All too frequently a postoperative state is induced which makes the patient's life as unbearable as before, if not more so.

We think our readers will be interested in a communication by Ordway to the Boston Medical and Surgical Journal, in which a plea for conservative measures instead of surgical interference is urgently put forward. As is well pointed out, there scarcely exists a neurasthenic or

psychasthenic who has not had a disturbance of some part of the digestive system at some period of his disease, and while it may be important to break this vicious circle, it is equally manifest that neurasthenic individuals, while they may be good risks from the standpoint of surviving an operation, are bad risks so far as ultimate cure is concerned.

The profession in the past has been too ready to accept so-called intestinal autointoxication as a cause of many ills, the origin of which is difficult to determine. Diagnosis being demanded, the physicians of forty years ago found refuge in "malaria," and today, although its popularity is decreasing as a method of giving comfort by positive opinion, the diagnosis of influenza is often made when pyelitis, cholecystitis, or some other definite lesion is in reality at the bottom of the patient's discomforts. Now "autointoxication" is all too frequently taking the place of "malaria" and "influenza." Autointoxication, as the result of disorders of the processes of metabolism, is by no means rare, but it is yet to be proved that intestinal autointoxication is very common. The alimentary canal is built to absorb in its upper portion, and carefully arranged so as to absorb nothing but moisture from its lower portion.

In many instances a properly carried out rest cure to restore nervous energy, iron and arsenic to overcome the anemia, the regulation of the diet, both from the standpoint of maintaining nutrition and preventing the formation of toxic by-products, is what the patient really needs, and without doubt the enforced rest cure which follows a surgical operation is more responsible in a number of cases for the improvement of the patient than the operation itself. So, too, a careful examination of the digestive ability of the stomach and small intestine and a study of the condition of the stools, as representing efficient digestion of the various foodstuffs, aids the physician in getting at the underlying points in the case.

Simultaneously with the appearance of the paper we have just quoted, another



has appeared in the Interstate Medical Journal by Camden, dealing with the non-surgical treatment of splanchnoptosis, which is a condition nearly related to, or constantly associated with, the displacements and disorders of the digestive system we have just described. He points out that in many instances splanchnoptosis, which in turn may result in impaired intestinal function, is the result of a badly poised body, with loss of normal fat pads, and lack of nervous energy. It is a remarkable fact that many persons, whose organs are very markedly out of place when examined by the X-ray, have no digestive disturbance whatever because their nervous energy is sufficient to overcome the mechanical difficulty. Camden strongly recommends the use of the Reh-fuss tube in gastric study, the avoidance of large quantities of food and drink, which by their weight may carry down to an abnormal point the stomach and intestines, and the employment of general tonics, gentle laxatives, or refined mineral oil. Marked attention, too, should be paid to the posture of the patient and the manner in which he carries himself, and exercises should be carried out with patience and fidelity to develop those muscles which are weak so that they will hold the patient's body in a normal position, and properly support the abdominal contents. Cold bathing with similar measures are of advantage if the patient's reaction is good.

In regard to the use of artificial supports, Camden well says that the mistake which is usually made is to make the patient fit the support, rather than the support to fit the patient. Where the abdomen is pendulous it is easily held up, but where it is emaciated it is difficult to provide support, even by the use of pads. A belt is usually better than a corset. In some instances shoulder braces which make the patient hold himself in an approximately normal posture are of great value, and it goes without saying that clothing which is tight about the waist and divides the abdominal contents into two parts by its constriction should be carefully avoided.—Therapeutic Gazette.

## THE DISAPPOINTMENTS OF VACCINE THERAPY.

In the Lancet, Adamson, who is in charge of the Skin Department of St. Bartholomew's Hospital, London, writes an article with this title. He is one who is disappointed. He asks, how are we to account for the comparative failure of curative vaccination as contrasted with the striking success of prophylactic vaccination? Is it not that in prophylactic vaccination we are dealing with a less intricate problem and a proceeding which is better supported by known facts than that which confronts us when we attempt to cure an already existing infection by means of vaccines?

It is easy to see that preventive vaccination has a sound foundation. The study of immunity reactions has established the general principle that when an animal becomes infected by a microorganism it is rendered, after a period of incubation, specifically supersensitized to the toxins of that microorganism—to use the expression of Von Pirquet, a condition of allergy or altered reactivity is produced. As a result of this allergic condition the animal is protected against a second infection. An attempt to produce a second infection gives rise to a reaction more violent than the reaction to the first infection, which has a shorter incubation period and which ends in spontaneous cure. The efficacy of prophylactic vaccination is demonstrated in the results of preventive vaccination against smallpox and against enteric fever.

But when we come to the cure of an already present infection we have altogether different conditions. The protection which has been acquired against a second infection varies in degree and in the length of time it endures in different diseases. In certain infections the reaction is such that the infected organism completely overcomes the invasion and remains henceforth protected against the disease. This occurs in smallpox and in scarlet fever, among other complaints.

In a second class the patient, although protected against a second invasion from without, yet remains infected and is liable

to new infections from within—that is, to autoinoculations. This occurs in tuberculosis and in syphilis.

In a third class the protection is apparently of but short duration and seems often to be followed by a period of increased susceptibility, so that new infections may easily take place. This is seen in streptococcal and in staphylococcal infections and in influenza, for example.

What we require to know in regard to the second and third of these classes is whether in a subject whose immunity development has been insufficient completely to overcome the infection we can by appropriate doses of vaccines so enhance the production of immune bodies—i. e., so “build up” the resisting power of the system against a microbe which has entered the body—that the defeat of the invasion is assisted or completed; and whether we can do this without danger of disorganizing the mechanism of immunity and possibly lowering instead of raising the powers of resistance.

As Sir Almroth Wright has put it: “The body has the machinery for immunization, and you can play tunes upon it if you know the laws. If you do not happen to know the laws when playing upon it, it may be quite injurious.”

The uncertainty of the results, for most part the disappointing results, of vaccine treatment should perhaps make us pause and ask: Are we at present in a position to play tunes upon the machinery of immunization by means of vaccines after the machinery has already been set in motion as the result of microbic infection?

It may be that vaccine treatment sometimes gives dramatically successful results, and we are perhaps justified in giving this treatment a trial in certain cases of infection where other treatments have failed. But the still prevalent tendency to employ vaccines indiscriminately in all sorts of complaints should be deprecated, because we are not really in a position to know when we may do good and when we may do harm by this treatment, since we have no means of estimating its effects in a person whose reactivity has

been altered, perhaps profoundly altered, as the result of previous microbic infection.

The almost equally prevalent use of vaccines in diseases of non-microbic organ is perhaps of less consequence, but it is apt to delay the employment of a treatment more suited to the case and more efficient.—*Therapeutic Gazette*.

#### PROPHYLAXIS OF MALARIA.

With our present knowledge concerning malarial fevers and the life history of the parasite, namely: that while quinin is a valuable specific against the asexual forms of the parasite it has no effect against the sexual forms or gametes; that these sexual forms, when taken by the mosquitoes, during biting undergo evolution in the body of this insect, and that the parasite is transmitted to man by the bite of an infected mosquito, the prophylaxis measures against malaria may be summarized as follows: (1) Routine blood examination; (2) quinin treatment; (3) proper care of malarial carrier; (4) destruction of mosquitoes; (5) quinin prophylaxis.

(1) **Routine Blood Examination:** As a routine procedure, the first attention of the parasitologist and hygienist should be directed to the examination of the blood of all persons, if possible, in the community. The importance of this preliminary precaution can be readily understood, as it is the only means of obtaining the first and most important insight concerning the kind and degree of infection upon which are formulated the future plans for the sanitation of the place.

(2) **Quinin Treatment:** All persons in whose blood malarial parasites are found, whether they present any symptoms of the disease or not, should be treated with quinin in the manner outlined above.

(3) **The Care of Malaria Carriers:** In order to prevent the spread of the infection, all malarial carriers, those which show the presence of the gamete forms of the parasite in their blood, should be isolated or removed to non-infected places, free from mosquitoes, if possible. Not uncommonly this important precaution is

difficult or impossible to carry out, but under such circumstances it will be found easy to accomplish the same purpose by instructing the patients to sleep under mosquito nets in order to prevent the bite of mosquitoes.

(4) Destruction of Mosquitoes: The mosquitoes are easily and best destroyed in the larval stage by the application of about 1 c. c. of petroleum per square meter surface of water. The oil should be applied to all ponds, slow-flowing creeks, stagnant water, etc., regularly at least every week.

(5) Quinin Prophylaxis: This simple and efficient means in the prevention of malaria, as advocated by Koch, consists in taking ten to fifteen grains of quinin, previously dissolved in water, acidulated with hydrochloric acid, once or twice every week during the summer months.

#### Conclusions.

This brief and simple outline concerning the diagnosis, treatment and prophylaxis of malaria is the one which the author followed in the sanitation of Brioni during the years 1901 and 1902, with the result that, after a work of three summers, the island was declared completely free from the disease. The importance of this work and the result is manifold:

First, it is the best evidence of the marvelous progress which tropical medicine and parasitology, thanks to the general discoveries of Laveran, Manson, Ross, Grassi, Koch, Schaudinn and many others, workers in the field, have made in recent years.

Second, the sanitation of Brioni stands pre-eminently as an example in which, through careful and systematic appliance of modern prophylactic regulations, malaria was successfully eradicated for the first time from a community.

Third, the application of this prophylactic regulation rendered possible the sanitation of the Canal Zone in Panama, and has greatly improved the sanitary condition of the tropical countries here in America and abroad.

It is hoped that the American governments and philanthropists, moved by the highest of humanitarian principles—the

health and happiness of mankind—in the near future will direct their efforts to give a helping hand to those unfortunate countries of tropical America which still remain oppressed and dormant under the burden of this disease of the tropics, which for centuries has prevented the development of the wealth of natural resources of those regions, to say nothing of the physical and mental qualities of their inhabitants.

Modern medicine, stimulated by the discoveries of Pasteur, has accomplished much in the control and practical eradication of a number of bacterial diseases—diphtheria, typhoid fever, tetanus and others—and this fact gives hope that the day is not far distant when the doctrine established by the French genius, "*C'est dans le pouvoir de l'homme de faire disparaître toutes les maladies infectieuses de la terre,*" will be an accomplished fact; and, in addition, may follow the eradication of tropical and parasitic diseases from the tropical countries—Rivas, New Orleans Med. and Surg. Journal for January, 1919.

#### ALOE AS A LOCAL SEDATIVE.

Cock in the British Medical Journal of September 7, 1918, states that it has long been known that aloe is a local sedative. This is shown by the formula for friar's balsam, in which aloe is a considerable ingredient. The balsam is used for bites of all sorts, as well as for other wounds, and still is a good application. He thinks, however, that a saturated solution of aloe in tincture of tolu is a much pleasanter form. It is, as far as he knows, the only thing that relieves the virulent itching of harvest-bug bites. It should be kept in a stoppered bottle, shaken before use, and by applying the stopper to each bite once or twice before scratching the relief is great. By going over the whole body when stripped for bed a good night is obtained. He speaks from experience, both personal and from the reports of patients.

In addition he advocates the use of tincture of tolu in bronchitis kettles instead of compound tincture of benzoin. Here, after the aromatic portion has vola-

tilized, the peculiarly disagreeable odor of aloes persists, whereas the tolu remains pleasant all the time, and is at least as soothing an antiseptic as the friar's balsam.—Therapeutic Gazette.

#### MUST HUTCHINSON'S TEETH GO?

How one pathognomonic sign or symptom 'crumbles' after another, and how other "infallible" pathognomonic signs and symptoms come in their stead! Of course, you know Hutchinson's teeth, the notched incisors, pathognomonic of hereditary syphilis. How happy you were when you spied them in a poor little kid brought to the dispensary, for that put you at once on the right track, and with grave aplomb you could say: hereditary syphilis, and order inunctions of mercurial ointment or powders of hydrargyrum cum creta. And now they want to take even Hutchinson's teeth away. What will you do? How will you clinch your diagnosis? You certainly should protest against a Dr. Ray who claims that any disease of the early period of childhood can cause dystrophies of the teeth which will closely imitate any of the classical pathognomonic teeth, symptoms. He says that even measles and broncho-pneumonia in early infancy may be the cause of Hutchinson's teeth, while they may be absent in the heredo-syphilitic child, who is well nourished and has had no grave infection. So, there you are. But don't be despondent. For haven't I always taught you never to depend upon one sign or symptom? It is the whole picture that you have to fix in your mind.

And I will tell you something else—I told it to you before, but it will bear repetition. Do not depend even on the Wassermann alone for your diagnosis of syphilis. You will make blunders if you do. A positive Wassermann does not always mean syphilis, and a negative Wassermann does not always mean the absence of syphilis. It is only in conjunction with all other findings including the anamnesis, that the Wassermann is valuable. It is a bad thing to put all one's eggs in one basket, and it is a bad thing to limit all one's diagnostic re-

sources to one sign, or symptom, or instrument.—Critic and Guide.

#### TONSILS IN ARTHRITIS.

In a most instructive article on "The Teeth and Tonsils as Causative Factors in Arthritis," Roland Hammond (Am. Jour. of the Medic. Sciences), points out that over a century ago Benjamin Rush reported the cure of a case of rheumatism in the hip-joint by extracting a tooth. He considers the roentgen-ray of the greatest value in accurately diagnosing certain diseased conditions of the teeth which are believed to have an etiological relation to arthritis. Its greatest field of usefulness is in locating abscesses around the apices of non-vital teeth, although some of these escape detection. The interpretation of dental roentgenograms is full of pitfalls. Unless one is familiar with dental anatomy and pathology and the varying appearance of shadows produced by roentgenograms taken from different angles, serious errors will be made. In many cases there is a tendency to overestimate the role of dental infections in causing more serious diseases. It is difficult to establish the etiology, as for example, in a case of chronic arthritis of several years' standing. Dental examination shows several non-vital teeth. The roentgenogram may reveal any degree of change from a slight rarefaction of a bone to a blind abscess. The teeth have been filled for many years and have given no trouble. The joint infection is hematogenous, and a certain percentage of peripical infections are hematogenous. Why may not both of these infections have resulted from a mild general bacteriemia and have developed coincidentally? Also, if the joint condition came first, why may it not have caused the dental infection? Other infections are quite as likely the cause as those in the mouth. Arthritic cases by no means clear up after mouth infection has been removed. Many innocent teeth are being sacrificed from insufficient data, such as crudely interpreted roentgenograms. Worse than this, several fatalities from ill-advised extraction of teeth during periods of exacerba-

tion have been reported. It is well to remember the remarkable ability of the tooth and adjacent structures to bring about the spontaneous cure of a blind dental abscess with no resulting systemic involvement. Were this not so the human race would long since have been exterminated.—Int. Jour. Surgery.

# SLEEP CONDITIONS AND INTERFERENCE WITH RESPIRATION AS FACTORS IN THE PRODUCTION OF CHOREA MINOR.

(Robert O. Brockway, M. D., Brooklyn, New York.)

This paper is based on the study of 37 consecutive cases of chorea in the neurological department of the Kings County Hospital. Previous observation of dispensary and private patients, not here included, had indicated the frequent occurrence in choreics of certain peculiarities in sleep and respiration. By taking such a series as the above 37 unselected cases a numerical basis is established with some warrant for conclusions.

As the diagnosis of chorea presents little difficulty, the customary elaboration of this side of the subject, as well as the details of case histories, can be dispensed with, thus permitting a more succinct presentation of the facts under immediate consideration. It is important, however, to exclude the various tics and habit choreas which, while similar in type, are of different origin.

Some of these items need a further word of explanation. In but one of the eight cases where tonsils and adenoids had been removed is a recurrence noted, making in reality a total of 38 who had thus suffered at some time. This large number of cases indicates of itself a morbid systemic state antedating the advent of the chorea. The nine enuresis cases were all well beyond the age of three years, by or before which time this habit normally subsides. Some manifestations as snoring, mouth-breathing and enuresis are commonly dependent

on or associated with other morbidities noted.

The size of the sleeping room is merely suggested by its number of windows, one usually meaning narrow quarters, and even this in so many cases (11 of the 23 of that type) kept closed; while out of the whole number of cases, 18, or more than half, used no ventilation whatever. There were nine cases occupying inner rooms; eight might have been ventilated through the one window possessed by an adjoining room, but were kept closed, while two were opened on air shafts. The ninth of these inner rooms had no means of ventilation at all, being merely a large closet. And it is significant that its little twining inmate shows the full quota of intrinsic respiratory embarrassments to good bodily ventilation, i. e., tonsils and adenoids, mouth-breathing, knees-up in sleep, bedclothes over nose; and further to vitiate his minimum air supply, a bedfellow! Of the twelve cases whose habitual sleep habit was bedclothes over nose, six had tonsils and adenoids, nine slept with knees drawn up, while seven shared, with one or more occupants, unventilated sleeping rooms.

As the above findings refer to habits, physical conditions and environment of the patient, which have usually existed in some degree for indefinite periods, they may represent not so much the immediate inciter of the chorea as the culture media that permits and favors its development. At least three of these vicious habits or conditions were present in each of the 37 cases, and usually more than three.

Because of the naturally narrow upper respiratory passages of the child, any interference with free breathing constitutes a far more serious block than it does in the adult.

Constricting habits of dress (waistbands, neckwear, etc.) might also be considered detrimental, especially in view of the softer tissues of the child and the tendency to permanence in the consequent impairment.

Faulty positions in sleep are of more

than immediate importance. It is folly to expect that the brief periods of calisthenics and drill, which children may have at school, will secure fine bodily carriage when opposed by continuous hours of mal-position in sleep. Far better and more lasting results can be secured by attention to this forgotten but important part of life. Habits of carriage are specially amenable to long hours steadily in one position, such as sleep affords. Even in adults something can be done in this direction; infinitely more is readily accomplished by beginning in youth.

The relation of these findings to the chorea, the modus by which that sequel ensues, is partly a matter of fact, partly of inference.

It is generally recognized that rhematic conditions play a part in the etiology of chorea. Accurate determination of the body temperature in choreics shows as a rule no persistent rise, thus serving to exclude any presumption of continuous aspsis. Irrespective of any possible infectious agent, however, proof is ample of an accompanying faulty oxidation with a plus of uric acid or its congeners. This, then, affords a distinct line along which to seek deleterious influences. Hence, any interference with the normal supply of air, and in consequence with oxidation processes, is in this connection a noxans.

Many in fact seek to meet this tendency in choreics by dietary restrictions. And experience in this service has shown that choreics with any temperature on entrance improve more rapidly after a preliminary course of anti-rheumatics.

Whether a reduction of the supply of oxygen has been exploited as an accelerator of rheumatism, there are some facts in support of that view. We know that as winter progresses the shut-in life increases the troubles of those who suffer from lithaemic and allied conditions.

It is popularly reported that the prevalence of rheumatism in Denver makes it a poor region for rearing children. From the dryness of that climate we

might on the contrary expect less of such effects. As that region is nearly a mile above sea-level, the rarity of the atmosphere may be an accounting factor, by reducing the supply of oxygen.

From the facts here presented, certain indications for the prevention and treatment of chorea naturally follow:

1. Careful note of sleep conditions should be taken. Attention should be paid in all cases of chorea to the respiratory habits of the patient, especially in sleep. Every error of this order should be corrected as promptly and effectually as possible.

2. The advisability of operative relief from tonsils and adenoids, or other organic block in the upper air passages, should be considered in the active stage of chorea. Our experience has lead us to become more and more aggressive in this direction. Expected shock from the operative procedures has never materialized. Chorea as such is no contra-indication at any stage. On the contrary, benefit is always soon apparent. Only in the presence of some imperative complication, as high temperature or a bad heart, may it be advisable to postpone active interference.

3. Nothing in this paper should be considered as opposed to the usual policy of peace and quiet for these patients. Physical and mental activities are best limited. Massage offers a useful substitute. Anaesthesia and operation must be conducted without fright.

The cases upon which this paper is based were observed in the service of Dr. Browning at the Kings County Hospital, and it was at his request that the study was undertaken.—Long Island Medical Journal for December, 1918.

#### ROOT AMPUTATIONS.

A. W. Smith (Dental Cosmos) presents the following general conclusion derived from his own observations and the views of a large number of dental surgeons expressed in correspondence: There seems to be good authority for employing either the term "apicoectomy" or "aplectomy" in speaking of the operation of amputat-

ing the root of a tooth. The majority of dentists consider apicoectomy advisable in cases of chronic apical infections where the bone, periodontal membrane, and not more than the apical third of the root are involved. The six upper anterior teeth are apicectomized most easily, the lower anterior ten and upper bicuspids less easily, and the molars with difficulty. Gutta-percha is recognized as the best material for filling the root-canals. The use of chloroform and resin, chlorpercha, or euca-percha in conjunction with the gutta-percha seems to be a matter of choice with each individual. Where the operation has been followed by check radiograms the operators report a moderately high percentage of successes. Failures are reported as due to faulty technic, low vitality of surrounding tissue, and reinfection. For removing the apex of the tooth the bur is given preference over the chisel. Six months is the average time given for the complete regeneration of bone in successful cases. The time varies with the age and vitality of the patient. Suturing of the incision is recognized as the preferable method of closing the wound, as it tends to hasten the healing, prevents reinfection, and lessens the after-pain. In cases of extensive involvement packing is advocated. Opinion is well divided as to whether apicoectomy should be performed by the specialist or the general practitioner. It is generally conceded, however, that unless the general practitioner is well equipped, has a thorough knowledge of asepsis, and has developed a skillful technic, the operation should be performed by the specialist.—Int. Jour. Surg.

#### DERMATOLOGICAL DISEASES IN SCHOOL CHILDREN.

A more important type of ringworm, on account of the difficulty in curing, is that variety involving the scalp, tinea tonsurans, as it produces more deformity and is much more difficult to eradicate. Though usually single, the entire scalp may be involved with a number of scattered lesions varying in size from a dime to a dollar. The scalp is scarcely

at all inflamed and is covered with small, grayish scales pierced by hairs which are broken off just above the surface, giving the typical nibbled off appearance. In size the patches vary from one-quarter of an inch in diameter to an inch or more, depending upon the duration of the disease, extension of each individual lesion being slow after it is first noticed, although it may be of considerable size before being observed. When traction is made on infected hairs they can usually be easily epilated, this being more evident in the center of the patch than at the periphery.

A typical case should give little difficulty in diagnosis, although favus and alopecia areata could be confused with tinea of the scalp. Favus, however, is unusual among native American children.—only one such case having come under my observation—is very slowly progressive, does not cause destruction of the hair in rounded patches and in advanced cases has a typical mouse nest odor. Favus begins in an entirely different manner from tinea, involving each hair separately, forming a small yellowish saucer shaped crust, each crust being pierced by a hair. As the disease progresses these crusts coalesce, forming dense, yellowish white mortar-like crusts sometimes involving the entire scalp. In these extensive cases the mouse odor is very distinct and unmistakable. An untreated case of favus is self-limited in time, but a cessation of the process is at the expense of the scalp and hair roots, as it produces an atrophy of the scalp and a destruction of the follicles by pressure. A healed case of favus presents a typical picture of scarred and atrophic scalp with coarse hairs scattered sparsely over the surface. This is in contradistinction to tinea tonsurans, which as a rule, except in pustular cases (kerion), leaves no permanent results.

A typical case of alopecia areata should be readily diagnosed if one bears in mind the distinguishing features of the disease, namely the sudden loss of a patch of hair leaving the scalp entirely bare, the lack of inflammation and

scaling in the affected area, rapidity of development and multiplicity of lesions, even to a complete baldness. Hairs around the borders of the lesions can be easily extracted, but there are no broken or nibbled hairs scattered over the surface and careful examination will fail to reveal any micro-organism or trichophyton. Some observers believe that alopecia areata is one form of ringworm and have reported cases in which the patches were bald, but it is doubtful if any of the cases commonly observed are due to tinea trichophyton.

Two theories are in vogue at present as to the etiology of alopecia areata—the microbic and the neurotic.

Cases are frequently observed in which the first lesion appears to be due to a trauma or an infection and at times seems transmissible, but no specific organism has been found as yet. On the other hand, the nerve theory has just as many cases to prove its correctness, but as the treatment advised for alopecia areata would answer whether it is due to a nerve disturbance or to an infection the etiology is not of so great importance to school examiners. This, of course, applies only in cases where there is no underlying cause for the condition.

Syphilis in a child of school age would be practically always congenital and would present other evidence than dermatological lesions which have consisted in all the cases that have come to my observation, of gummatous ulceration either in the nasopharynx or on the skin. These, of course, are very uncommon, yet one should be on one's guard in gummatous lesions of the mouth, nose and pharynx lest a great deal of necrosis result before the disease is arrested. This applies also toluetie eye conditions which are fortunately seldom seen amongst school children.

Tuberculosis of the skin is also an uncommon disease, but it deserves mention here as it has its beginning in childhood and an early diagnosis of this disease is always to be desired.

A few remarks about the non-contagious skin diseases will serve to refresh

your memory regarding the salient points in diagnosis and differentiation from the foregoing dermatoses.

Psoriasis is comparatively common and while not contagious may occasionally be confused with eczema, favus, seborrhoea and syphilis. The principal characteristic features of this disease will usually suffice for a diagnosis, namely:—location of the lesion on elbows, knees, scalp and extensor surfaces of the covered parts of the body principally with usually involvement of many areas, long duration of lesions and heavy white scale which leaves bleeding points on removal, no subjective symptoms, no odor when the scalp is involved, inflammatory base usually completely covered by scales, and no destruction of tissue or hair after disappearance of the lesions.

Eczema as usually encountered consists of reddened dry skin on the face or hands, most common in the winter, and is so well known as chapped skin that it requires no further description.

Herpes is too common a condition to need explanation except to draw your attention to a sequel of herpes which fortunately is becoming less frequent on account of the sanitary drinking apparatus in use at present. I refer to the extragenital infection with syphilis which so frequently begins on the lip apparently as a cold sore. It is true that the chancre may be originally an herpetic lesion which has become infected, but unlike a herpes it does not disappear in a few days but becomes larger, indurated and is accompanied by a submaxillary adenitis to be later followed by the usual syphilitic manifestations. Extragenital chancres will disappear without treatment in about six weeks, but any lesion on the lip which lasts more than a week and becomes worse instead of better should have a dark field examination to determine the presence or absence of the spirochete.

Pompholyx may bear some slight resemblance in its early stages to a scabies, as it has small, deep seated vesicles on the palmar surface of the hands and



fingers. It should be remembered that this disease is symmetrical, affecting the palms and soles only, usually recurs annually with the first hot weather, has deep vesicles which do not rupture easily, and is accompanied by pain rather than itching.

Pemphigus, as mentioned under impetigo, is a rare condition and is accompanied by other symptoms which render it unlikely to be confused with other eruptions. Occasionally a bromid or iodid administration will produce a generalized bullous eruption, but it is extremely uncommon in children and the history of a drug having been taken would serve to differentiate it.—Jamieson in *Leucocyte*, for November.

#### POTATO PREJUDICES.

The poor potato has had hard work to establish itself in the public confidence as a staple food. Ireland, and perhaps more recently Germany, are the only countries in which the potato has been established at its full value. From the very start, the potato has had to battle against the most unreasonable opposition.

When introduced into France from Peru, in the fifteenth century, the enemies of this innocent tuber started the rumor that it was the cause of leprosy. In the seventeenth century, the absurdity of this accusation was recognized, but the claim was then made that the use of the potato was the cause of fever.

A century later, in 1771, a French Academy of Medicine established a competition, offering a prize for the best answer to the question, "What plants can be used to supplement other foods in times of famine?" An apothecary, by the name of Parmentier, presented the claims of the potato so eloquently that the prize was awarded him. This victory encouraged him so greatly that he organized a campaign in behalf of the potato, planting extensive fields and giving great dinners in which the potato was given a very prominent place. In spite of all these efforts, little progress was made in breaking down the

long established prejudice against the innocent tuber until Louis XVI popularized the humble vegetable by appearing in public wearing in his buttonhole the little mauve potato flower. Thus glorified in the eyes of the public and the court, the potato rapidly rose into favor in France.

Many people object to the use of the potato with the idea that it is indigestible. Nothing could be further from the truth. A mealy baked potato is more easily digested than almost any other food. Saratoga chips, French-fried, German-fried and other villianous culinary combinations of the potato, with grease in various forms, are of course difficult of digestion. Persons possessed of stomachs with double gastric power may be able to manage these absurd culinary combinations, but those who suffer from slow digestion are certain to be inconvenienced, and thus the poor potato gets the credit of making the disturbance, whereas, the fault lies wholly with the cook.

Potato puree, potato soup, and other simple potato preparations are not only most easily digestible, but have certain dietetic values because of the special qualities of the potato, which render them a highly valuable element of the bill of fare.

The potato is rich in vitamins.

The protein of the potato, while rather small in amount, is of unusually good quality; and, further, it should be remembered that the potato is very rich in certain organic salts which are of extraordinary value to the body in maintaining high resistance, through utilizing the tendency to the development of an excess of acids in the body, which are likely to result from the too excessive use of meats and cereals and from an excessive use of fats.

The consumption of potatoes in this country should be quadrupled. The substitution of potatoes for half the cereal foods which are generally consumed would be highly conducive to the physical welfare of the American people of all classes.

As usually served, cooked cereals contain about the same amount of water as the potato, so that cooked potatoes may be substituted for cooked cereals, bulk for bulk.—Good Health.

#### RESPIRATORY INFECTION AND DIGESTIVE DISTURBANCES IN INFANTS.

Byfield arrives at these conclusions (Journal Iowa State Medical Society):

1. Infection of the respiratory tract is not an uncommon cause of many acute and chronic gastroenteric disturbances.

2. In every case where fever is present at some time or other in the disease and where mucus appears in the stools, such infection should be suspected and an attempt made to detect the same.

3. Certain clinical conditions, such as periodic vomiting, may be stated to be almost invariably due to respiratory infection.

4. The treatment of secondary gastroenteric disturbances should take into account the casual factors.

#### RULES FOR LONG LIFE.

How to prolong human life to the utmost limit is a problem which has received the closest attention of sages and philosophers for the most ancient times. Numerous codes of health or rules for securing length of days have been promulgated.

Plutarch, the famous Greek biographer, was one of the first to formulate a guide for right living. Here are a few of his injunctions:

Eat only when hungry.

Beware of food which tempts us to eat when not hungry.

Sleep sufficiently, but not too much.

Exercise much, but avoid violent exercise. Read aloud every day.

Eat little flesh or none at all.

Drink water freely.

Avoid wine.

Quoting a more ancient philosopher: Plutarch advised, "Choose that manner of life which is the most comfortable to reason, and custom will reconcile you to it."

Plutarch maintained that every man should study himself and his own constitution so as to know how to order his life correctly. He quoted Tiberius as saying that "it was shameful for any man at three-score to reach his hand to a physician to feel his pulse."

Every man, the moralist insisted, should know how to feel his own pulse.

The experience of the celebrated physician, Galen, is highly instructive. According to Sinclair, in "Code of Health and Longevity," He was born with an infirm constitution, and afflicted in his youth with many and severe illnesses; but, having arrived at the twenty-eighth year of his age, and finding that there were sure rules for preserving the health, he observed them so carefully that he never labored under any distemper from that time, except, occasionally, a slight feverish complaint for a single day owing to the fatigue which attending the sick necessarily brought upon him. By these means, he reached the great age of one hundred and forty years. His advice to the readers of his treatise on health cannot be too strongly recommended.

"I beseech all persons (says he), who shall read this work not to degrade themselves to a level with the brutes, or the rabble, by gratifying their sloth, or by eating and drinking promiscuously whatever pleases their palates, or by indulging their appetites of every kind. But whether they understand physics or not, let them consult their reason and observe what agrees and what does not agree with them, that, like wise men they may adhere to the use of such things as conduce to their health, and forbear everything which, by their own experience, they find to do them hurt; and let them be assured, that, by a diligent observation and practice of this rule they may enjoy a good share of health, and seldom stand in need of physics or physicians."

It is universally conceded that an out-of-door life, with much muscular activity is highly conducive to longevity. Nearly all of the examples of great longevity are found among persons who engage

much in bodily exercise in the open air. It is very natural, indeed, that this should be the case, for indoor living is an artificial and unnatural condition, the outgrowth of our highly perverted civilization. It is reasonable to expect that the more nearly we can approach to the conditions of life under which primitive man lived and thrived and fought his way upward in the scale of being, the better the body will prosper physically, the higher will be the resistance to disease, and the longer the body will be able to beat back the encroachments of old age.

—Good Health.

### NEURO-CIRCULATORY ASTHENIA (IRRITABLE HEART), STUDY OF 35,000 DRAFT RECRUITS.

E. L. Tuohy, M. D., Duluth, Minn.

The statistical data furnishing the basis for this discussion and paper was secured while the writer was acting head of the Cardiovascular Board at Camp Dodge, Des Moines, Iowa, as a contract surgeon. In view of the fact that these findings and data are necessarily very incomplete, it would seem better not to even ask the Surgeon General's office for permission to publish them, but rather to leave them unpublished at the present time. No doubt at some later period, after the whole work of enrolling the army has been surveyed, these figures will all be properly correlated by the Surgeon General's office and published. In the meantime, a discussion of the very important phases of heart action, as demonstrated by the examination of these draft recruits, must be of great interest, and it is well for the profession to begin to think along the lines developed as soon as possible.

As a basis of discussion, the following points may be briefly enumerated:

1. Any estimation of heart capacity must include accurate counting of the pulse, standing, recumbent, after stated exercises, and then two minutes later. The character of the response will aid more than all else in determining whether the individual will withstand prolonged effort or not.

2. There is a limit to the capacity of every heart. In a sturdy normal this is arrived at only after the most exhausting and prolonged and heroic effort. In a very large group of people with so-called "unstable" or "irritable" hearts, this limit is arrived at in a very much shorter time, and on occasion occurs after almost any effort.

3. The difficulty of naming this condition arises from the fact that it does not speak for an intrinsic cardiac condition, but is rather an evidence of general fundamental lack of development. "Effort syndrome" is likewise a misleading term, because in addition to effort, emotion perhaps plays an equally strong role in producing symptoms. Neuro-circulatory asthenia, speaking for a broader conception of the condition as understood up to date, seems a better cognomen, and draws attention to the general, fundamental and nervous constitution of the individual.

4. Relatively speaking, the role played by this symptom complex in the rejection of recruits, is coming to assume greater importance than true organic valvular heart disease, and requires greater experience to interpret and properly classify. It must be granted that the personal factor and experience of the examiner will count greatly as a factor in the total.

5. Systolic murmurs as isolated findings, have no significance in determining for or against rejection of recruits, nor is their position, intensity, or points of transmission of any particular consequence.

6. As a cause for rejection, diastolic murmurs heard in the classical areas indicative of aortic insufficiency and mitral stenosis, are of the greatest importance, and are often the easiest murmurs to overlook. It is to be remembered that these diastolic murmurs when typical and distinctly heard, may be always taken to mean an organic heart lesion.

7. Practically no cases of mitral stenosis—with the typical presystolic murmur and thrill at the apex—are encountered in which a clean cut history of rheumatic fever or other infection is not to be elicited. Conversely, great numbers are seen in which suggestive systolic

murmurs at the apex, with doubtful cardiac hypertrophy is to be made out, in which there is no such history of rheumatic fever or infection. It is therefore fair to assume that these cases do not represent true valvular disease, and is additional evidence of the untrustworthiness of these murmurs. The importance of a rheumatic history is testified to by the evidence in the English army, that men who have had acute articular rheumatism as a rule are poor soldier material.

8. Cardiac hypertrophy does not occur in uncomplicated cases of mitral stenosis. It is the chief deciding factor in the diagnosis of mitral insufficiency in addition to a rheumatic history. If absent in an instance of aortic insufficiency, uncomplicated, it is additional evidence of syphilitic aortic disease. The determination of cardiac hypertrophy is best arrived at through palpation of the apex beat and estimating the left border of the heart 1 cm. farther to the left from the midline. This method will usually closely approximate the fluoroscopic outline. Percussion is notoriously uncertain.

9. Certain symptoms exhibited by the neuro-circulatory asthenic, such as tachycardia, sweating and a coarse tremor, suggest hyperthyroidism. The suggestion, however, is far more apparent than real. The two conditions are separate and can be differentiated, although it is stated that true irritable heart is seen in the toxæmia of pulmonary tuberculosis and in hyperthyroidism. It may also occur in the convalescence of normal individuals from any acute infection. The discussion should be limited rather to those cases showing the signs of breathlessness on exertion, tachycardia under emotion and exertion, sweating, and a series of vasomotor phenomena, precordial and chest pain, without obvious extraneous causation. Causation is more to be sought for in congenital deficiencies and incomplete development.

10. These cases are not cardiopaths, and great caution should be used in drawing attention to their hearts. No doubt many of them need medical counsel, but a large place should be given in this to a

complete analysis of their physical and psychical makeup. Without any direction the most marked neuro-circulatory asthenics have chosen for themselves labor of a non-exhausting type and free of heavy responsibility: waiters, barbers, elevator operators, telegraph and general office employes. Most of them admitted that they had tried heavier work and could not get along. This furnishes us a good suggestion. The old adage of "square pegs and round holes" comes to mind.—Minnesota Medicine.

#### CROSS COUNTRY FLIGHT.

A cross-country flight of hundreds of miles without serious accident was finished by Maj. M. L. King, engineering officer at Post Field, Fort Sill, Okla., and Lieut. W. H. Helmrich, expert pilot, when they dropped to the landing field at the Speedway yesterday afternoon.

Maj. King has much air service information of interest which he is instructed to give to the public. One interesting feature is that during the entire period of time devoted to training American aviators (up to the week ending November 9) for each aviator killed in accident there are recorded 4,019 hours and 231,520 miles of flight. The total number of graduates given flying instructions in the United States Army is 22,542. The number of fliers, including pilots and observers, trained abroad to October 9, was 1,800. Mechanics trained in American schools number 14,409. The strength of the air service November 8 was 158,425. These figures do not include the navy and the marine corps.

Other statistics supplied by Maj. King are: Approximate number of army flying schools in the United States, forty; schools of military aeronautics, five; balloon schools, eight; radio schools, three; photographic schools, three; air depots, fourteen.

December 5, 1918.

#### THE WOOD FAMILY.

Billy—My uncle's got a wooden leg.

Jimmy—That's nothing. My sister's got a cedar chest.—The Doctor.

## MEDICAL MISCELLANY.

### DEPENDENTS COST THE STATE \$3,228,806.36.

The 115th quarterly statistical report of the board of state charities shows that the cost of maintaining the nineteen state charitable and correctional institutions for the last fiscal years average \$255.36 for each inmate.

The per capita cost is based on a daily average attendance of 12,644.17 inmates, and current expenses amounting to \$3,228,806.36, which covers salaries, wages, food, clothing, ordinary repairs and office, domestic and outdoor departments.

The per capita cost increased 12 per cent over the per capita cost for the year previous. The per capita cost has increased 39 per cent in the last ten years. The actual per capita cost increase of 1918 over 1917 was \$28.75. This includes an increase of \$3.68 for salaries and wages, \$2.73 for food supplies, \$1.56 for ordinary repairs, 52 cents for clothing, \$20.26 for office, domestic and outdoor departments. The largest single expenditure entering into the last item was the cost of fuel and light. For this purpose the institutions spent \$297,715.07 in 1917 and \$449,688.78 in 1918, an increase of \$151,973.71.

"The per capita cost would have been much higher," said Amos W. Butler, secretary of the board of state charities, "had it not been for the abundant farm and garden products. The value of these products this year averaged \$35.08 per capita in the benevolent institutions, and \$34.45 per capita in the penal and correctional institutions. Last year the figures were \$22.93 and \$18.12, respectively. Also, the population of the institutions was 667 less this year than last. This operated to increase the per capita cost.

This means a per capita cost in nineteen institutions of \$255.36, which is an increase of 12 per cent.

### STATE MEDICAL BOARD.

Dr. A. B. Caine, of Marion, was elected president of the state board of medical registration and examination at its an-

nual meeting in the state house recently. The other officers chosen are Dr. W. A. Spurgeon of Muncie, vice-president; Dr. M. S. Canfield, of Frankfort, treasurer, and Dr. W. T. Gott, of Crawfordsville, secretary. Dr. James M. Dinnen, of Fort Wayne, was president last year.

### DR. H. FLETCHER DEAD.

Expert on Dietetics Succumbs to Bronchitis at Copenhagen.

Dr. Horace Fletcher, widely known as an expert on dietetics, died recently of bronchitis after a long illness.

Dr. Fletcher was born at Lawrence, Mass., in 1849. He had traveled in all parts of the world, engaged in numerous occupations, and accumulated a fortune. Since 1895 he had devoted his attention to sociology and especially to scientific research in human nutrition and in chemphysiol in laboratories of the University of Cambridge, England, and of Yale University. He was the originator of "Fletcherism" mastication of food. He was the author of many books. Some of his works had been translated into Italian, Hungarian, Polish and Russian. He was occupied as food economist on the commission for relief in Belgium and engaged in research work connected with nutrition and child conservation.

### LETTER FROM SOUTH AMERICA.

S. S. Anyo Maru, Jan. 24, 1919.

To Drs. Earp & Brayton, Editors:

I sailed from Callas, Peru, January 2 on this Japanese S. S. Anyo Maru en route for China and Japan and expect to arrive at Hong Hong, China, by the last of March or the first of April.

A delay of ten days was due to the fact that on the last trip down to South America fifteen died of the Spanish influenza and they were forced to return to Panama, there to have the ship thoroughly disinfected by the U. S. Government.

The miserable sanitary conditions met

with in Peru and Chile were in a measure compensated in the Argentines and especially in the city of Buenos Aires, the New York of South America. This is a modern city in every respect, having a closed sewage system, also other sanitary perfections, unlike Peru with an open system having channels of filth emptying into cesspools which are hotbeds of disease germs of every description. During the dry season when water is scarce, you can conceive of what this means to breath such air, every inch of which is germ laden. When you explain the direful effects of such systems and the benefits of looking after the public health in general, they look at you in wonderment. Ignorance has played such a part in the average South American's life for the past centuries and they have reveled in their squalor so long that it will take generations to educate them to realize what sanitation means. Since it requires both time and energy, they do not seem to care to improve.

Moreover, the natives have not the slightest idea what contagion means. As soon as any cases of typhus or other disease breaks out in the family they begin to migrate and spread said disease over the community. Fines or imprisonment do not seem to do any great good.

The fact that they live in such extreme poverty the bodily resistance is thereby lowered to an extent that they become the prey to every disease. In port, the tramp or vagabond of the states is a prince to the native Cholo or lower class Peruvian.

The scarcity of fuel, especially in the Argentines, renders it almost impossible to use coal or wood and the Transandean railroad, also factories, are using corn of the best grade with which to make steam. Thousands of bushels are thus wasted daily.

In Lima the poorest grade of coal sells for \$50 per ton and the picked coal for \$100 per ton. The people burn anything from a tin can to their imagination.

In Argentine along the docks for a distance of a mile wheat is stacked higher than a man's head in sacks four deep and has been there for over two years. A

great quantity is starting to grow. It seems a shame to waste it when other nations are suffering, but it is next to impossible to get ships to take it away.

I trust that I will find better conditions in Japan and China. When I return, which will be most probably late this summer, I will have many things of interest to relate. During the meanwhile may you retain your health and with my regards I beg to remain,

Most sincerely,

G. C. GRAVES, M. D.

#### OLD MAN "COMMON SENSE."

You may find a knotty problem  
On the blackboard of Life's way,  
And be worried with its solving  
Throughout the live-long day;  
But there's just one friend to count on,  
He's of greatest consequence—  
When you want a real helper  
Call on old man "Common Sense."

You may have a disagreement  
With a friend whom you admire,  
And be bothered with misgivings,  
When you to your rest retire;  
And when you've failed to pacify  
With your choicest eloquence,  
Remember this good advocate,  
Call on old man "Common Sense."

You may need a little judgment  
To help run your own affairs,  
And go stumbling on in darkness—  
But go on; you'll get upstairs;  
And when you've crossed the threshold—  
The illumined apartments—  
Just sit you down and make a call  
On old man "Common Sense."

He's a splendid entertainer,  
And he's always on the line,  
A-working like a Trojan,  
Weather bad, or weather fine;  
Call him up when you're in trouble  
With life's various elements,  
He's a wonder as an ally,  
This old man "Common Sense."  
Dr. Charles O. Lowry.

Dr. Lowry formerly had an office on East Washington street, Indianapolis, and is now located in Pasadena, California.

**INDIANA TUBERCULOSIS SOCIETY.**

The meeting of the Indiana Tuberculosis Society was held in Indianapolis January 31. Dr. Fred Dennis of Crawfordsville was elected president, Dr. Alfred Henry vice-president and James W. Lilly treasurer and Ella Kehrler secretary.

Dr. Alfred Henry held a clinic and addresses were delivered by Dr. W. A. Evans of Chicago and Dr. Charles J. Hatfield of the National Association.

The delegates visited Sunnyside, Marion County hospital at Oaklandon. At a dinner given Friday evening papers were read by Dr. F. B. Wynn and Dr. W. F. King.

**INDIANAPOLIS MEDICAL SOCIETY.**

City Hospital, January 7, 1919.

Meeting of the Indianapolis Medical Society.

The meeting was called to order by the president, Dr. Norman E. Jobes.

The minutes of the previous meeting were not read.

The following men were elected to membership in this society: Dr. John W. Canaday, Dr. D. Nichols, Dr. Guy W. Rubush, Dr. John M. Stalker, Dr. O. L. Stevens, Dr. Albert A. Ogle.

The reports of the secretary-treasurer were read and approved. The election of officers resulted in the following: President, Charles F. Neu; first vice-president, E. M. Amos; second vice-president, J. Egbert; secretary-treasurer, A. L. Marshall; council, John Eberwein, Carl Rudell; delegates, J. H. Wheeler, Ralph Chappell, William Wright; alternates, Dr. Gabe, Dr. Sputh, Dr. Morgan.

Dr. Stillson introduced a motion to instruct the secretary to withhold from the State Society moneys due them to the amount of \$244, which amount was paid to the State Society by the Indianapolis Society for the dues for those absent in the service. Dr. Kitchen amended the motion to instruct the council to make this collection and report back to the society in ninety days. The amended motion was seconded and carried.

Dr. Stillson also introduced a motion instructing the secretary to make such

changes in the constitution and by-laws as would provide a longer tenure of office for the State delegates. This motion was seconded and carried.

Following the meeting a lunch was served by the hospital authorities in charge of Dr. Herman Morgan.

Dr. Thomas Eastman introduced a motion, which was seconded and carried, instructing the council to secure a new place of meeting.

Attendance, 42.

Society adjourned.

DR. A. L. MARSHALL,  
Secretary-Treasurer.

Washington Hotel, January 28, 1919.

Meeting of the Indianapolis Medical Society was called to order by the president, Dr. C. F. Neu.

Minutes of the previous meeting were read and approved.

By vote of the Society, Dr. J. H. Payne was taken from the active membership and placed on the honorary roll.

Dr. Jane Ketcham read a paper on the "Care of Premature Infants." Abstract follows:

Premature children classified according to weight: 1 and  $\frac{1}{2}$  pounds to 2 pounds shows 6 months utero-gestation; 2 $\frac{1}{2}$  to 4 pounds shows 7 months utero-gestation; 4 $\frac{1}{2}$  to 5 pounds shows 8 months utero-gestation.

In the care of premature children everything must be done to maintain body temperature. This is done by partly closed incubators and external heat. It is very important to avoid chilling the child when it is first delivered. The child must be kept in an incubator or with external heat until it can maintain its body temperature. This may take until the child is several months old, but vigilance should not be relaxed. It is equally important to maintain the body fluids. It is recommended to secure a wet nurse as soon as possible after delivery and not to wait for the maternal milk to come in. Feeding may be accompanied by the Breck feeder or feeding milk into an open nipple in the child's mouth or better still, by the use of a stomach tube. A more satisfactory

amount can be ingested by the stomach tube, which means that a longer interval may be maintained between feedings. The child should not be chilled or exhausted in the process of taking nourishment. The easy fatiguability of the muscles of respiration render the child apnoeal. This must be avoided by too prolonged handling. The fluids may also be kept up by proctoclysis of glucose solution. Cyanosis is a great danger to the child and may come up without any explainable cause and should be combatted by the hypodermatic use of oxygen. No definite occasion for death is found in premature children at necropsy. There seems to be clinically a gradual decline of the body temperature and respiratory failure.

Over-handling the child is the worst thing that can be done for it, and too much zeal in this direction is reprehensible. Constant attention is demanded.

Dr. S. E. Earp read a paper on "Some Deductions from Medical Advisory Board Work." Abstract:

Dr. S. E. Earp reviewed the work of Medical Advisory Board, No. 56, Division No. 1. The total number of examinations made, 2,067; passed for full military service, 1,086; special service, 403; disqualified, 494. Remedial cases, known as Class B, 84.

It must be borne in mind that these registrants were referred from local boards when a doubt existed.

Such examinations, including those of local boards, gave an approximate idea of the physical condition of the young men of the United States. There were too many cases of uncured syphilis. Some untreated, others had followed an alleged treatment of unskilled persons and a great many had not followed the directions of physicians and discontinued treatment. Poverty was no excuse, because all worthy poor persons can get treatment by Salvarsan and by skilled doctors at the dispensary of the Medical School.

Sixty were rejected on account of heart disease and several times as many

we put in limited service where they could be of some use to the Government. Perhaps a strenuous life might have been partly responsible by there predominated as a cause, syphilis, oral affections, diseased tonsils and rheumatism.

There were 26 cases of deformity, mental deficiency 17; epilepsy 12, as cause for rejection. There were 48 cases of pulmonary tuberculosis in its various stages, yet all were at work and spreading disease.

There is an argument in favor of thorough school inspection: 110 persons with bad eyes, 23 with purulent otitis media or deafness, and yet many eyes could be benefited by glasses and were placed in a special class. While those with simple goiter were accepted, yet 23 were rejected on account of toxic goitre.

The tachycardias required a very careful study, not so much the purely nervous cases as the thyroid complications. In many of these cases it was impossible to determine except by functional tests or during a process of training.

It was found that a sound heart could have a murmur, thus verifying the position taken by MacKenzie. The neurocirculatory cases gave much solicitation. Mental and nervous symptoms were studied carefully, and we profited by the history of case at the various camps. We concluded that men with nervous instability, that is, persons who gave a history of being unable to stand the strain of ordinary excitement, men who had no force of control, perhaps with parents of the same type, emotional to the extreme, and men whose general appearance would give a suspicion of being psychopathic, these, I say, were studied carefully while under observation and as a rule rejected or placed in Class C. Later developments have been an endorsement of our course. Such men as I have described would never make good soldiers and on the contrary would be a burden to the government.

In discussion, Dr. Burkhardt said Dr. Ketcham's paper showed keen preparation and great care—it is such as there who save lives. He warned against chill-



ing of child immediately after delivery. A feeding child is too weak to nurse and effort should not be directed this way. The new born does not get air to alveola and in these cases oxygen should be given subcutaneously.

The use of the incubator has been simplified since the use of electric apparatus. He requires two incubators for each child, so that proper cleanliness may be had without exposing child.

Success in these cases depends upon minutest care on part of the nurse and the physician.

Dr. Carter called attention to hot water burns and warned against carelessness in handling them.

He complimented the advisory boards of the State for the fine work they have done.

Dr. Thomas Dugan and Dr. J. R. Eastman related interesting incidents connected with board work.

Meeting adjourned.

Attendance, 34.

DR. A. L. MARSHALL,  
Secretary-Treasurer.

#### UNIVERSITY ALUMNI MEET.

At the banquet of the Indiana University Alumni held at the Claypool Hotel January 20, President William Lowe Bryan delivered the principal address, in which he said the nation's future was beyond all the dreams of the generation and that we must devote that same spirit to the problems of education, the problems of disease, the question of building anew this nation composed of so many varied strains.

Dr. F. B. Wynn and W. L. Taylor responded to toasts and the college glee club furnished good music.

Officers chosen were: President, James L. Mitchell; vice-president, Arda Knox; secretary, L. D. Claycombe.

#### INDIANA DEAD.

John H. S. Reiley, Jr., Sardinia, Ind.; Medical College of Indiana, Indianapolis, 1904; aged 40; a member of the Indiana

State Medical Society; died at his home, December 20, from pneumonia following influenza.

Mandaville W. McClain, Vera Cruz, Ind.; Curtis Physio-Medical Institute, Marion, Ind., 1895; American Eclectic Medical College, Cincinnati, 1896; aged 47; a member of the Indiana State Medical Association; died at the home of his sister-in-law in Bluffton, December 28, from heart disease.

Hugh Dyosephus Wood, Angola, Ind.; Bellevue Hospital Medical College, 1867; aged 83; a practitioner of Steuben County, Ind., for more than fifty years; died at his home, December 18.

Isaac N. Myers, Maples, Ind.; Medical College of Fort Wayne, Ind., 1877; aged 64; died at his home, October 10, from cerebral hemorrhage.

#### Indiana Orphans Made by the Epidemic.

According to figures given out by the statistician of the State Health Department, influenza and pneumonia caused 6,011 deaths during the three months ending December 1. In September there were only 191 deaths from these causes, but in October there were 3,291, and in November 2,529. During the period named there were 2,773 deaths of married persons from the epidemic, and allowing an average of two children for each married person this would indicate that the disease made 5,546 orphans.

#### Deaths Exceed Births in Huntington.

In Huntington, according to figures made public by the secretary of the City Board of Health during December, 1918, there were ten more deaths than births. The returns usually show about two births for each death. There were 29 births and 39 deaths. Of the deaths 23 were caused by influenza, 15 from pneumonia following or accompanying the influenza and 8 were from other complications of influenza. Influenza deaths in the city were 3 in October, 8 in November and 23 in December.

(Abstracted from J. A. M. A. by A. W. B.)

**RUTH DE HASS BALFOUR.**

Ruth DeHass Balfour, daughter of Dr. Thomas W. DeHass, died of pneumonia following influenza at Attleboro, Mass., Jan. 15, 1919.

Her education was in the high schools of Indianapolis and graduation from Butler College. She had many friends in Indianapolis and took some interest in music. In her life in Indianapolis there was nothing particularly eventful. Perhaps like thousands of women, opportunity never knocked at her door or possibly it was not recognized. Hidden or dormant talents required another city, a change of environment, to favor development.

A few lines from the Attleboro Sun (Mass.) shows what Mrs. Balfour accomplished:

"Although only a resident of Attleboro since February, 1913, Mrs. Balfour gained an unusual amount of prominence because of her natural ability to make and keep friends. Talented as a musician, a brilliant conversationalist and entertainer, Mrs. Balfour made friends wherever she appeared. She was unusually prominent socially, being at one time president of the Chaminade club, and also being regent of the Daughters of the American Revolution. Both organizations thrived under her leadership.

She was also a member of the Highland Country club and the Unity class of Murray Universalist church. She was chairman of the music committee of the Community Fellowship and an untiring worker in the success of the organization. When the Dodgeville Social Center was formed, Mrs. Balfour took an active part, and her interest has never waned since that time. Many hours were put in for the benefit of the girls of that village, and she never lost an opportunity to help, advise and counsel the members.

As a musician, Mrs. Balfour won wide reputation. She was a talented violinist, and has appeared before local audiences many times. She was instrumental in giving to Attleboro a new musical life, and bringing before it some of the most prominent artists of the country. She

herself took lessons from prominent artists.

Mrs. Balfour was born Nov. 25, 1888, in Pricetown, Ohio, and moved to Indianapolis when she was four years old. She came to Attleboro in February, 1913, with her husband. Mrs. Balfour soon gained a reputation as one of Attleboro's leading women, and the community has lost not only a valued citizen but a tireless worker in its behalf. She had an extensive circle of friends."

**HONORABLY DISCHARGED.**

The following doctors from Indiana have been honorably discharged: Anderson, E. E. Brook; Aurora, C. C. Marshall; Berne, C. H. Schenk; Bloomington, R. C. Rogers, R. D. Smith; Bridgeton, P. R. Bennet; Brighthurst, E. Carter; Buck Creek, J. E. McCabe; Cicero, B. A. King; Claypool, W. C. Landis; Colburn, R. H. Wagoner; Connersville, I. E. Booher, J. S. Leffel; Daleville, O. A. Tucker; Darlington, R. R. Pollon; Decatur, E. G. Coverdale; Duggar, I. J. Gill; Dunkirk, N. L. Heller; Evansville, C. S. Baker, W. E. Barnes; Fairland, M. M. Wells; Fairmount, H. Aldrich; Ferdinand, A. F. Guggsell; Freeland, F. M. Hartsock; French Lick, J. R. Dillinger; Fort Branch, O. C. Stephens; Fort Wayne, L. T. Rawles; Gaston, F. W. Dunn; Hammond, W. M. Bigger, J. J. A. Chevingy, J. A. Graham; Hardinsburg, J. Benz; Hobbs, T. O. Morris; Indiana Harbor, R. C. Hamilton; Indianapolis, J. H. Bull; H. W. Cox; M. O. Devaney, L. C. Hicks, C. K. Jones, J. C. Kincaid, G. W. Kohlstaedt, M. B. Light, H. L. Magennis, F. W. Mayer, E. L. McCoy, O. C. Neier, H. F. Nolting, J. F. Robertson, C. Rogers, H. A. Walker; Jeffersonville, A. A. Reed; Kokomo, J. A. Melner; Lafayette, A. E. Morgan, F. L. Pyke; LaGrange, C. C. Rozelle; Lawrenceburg, A. T. Fagaly; Leavenworth, H. H. Deen; Lemar, N. L. Metcalf; Linngrove, T. J. McKean; Linton, A. T. Custer; M. N. Thayer; Lyons, B. F. Chambers; Manilla, E. Barnum; Marion, F. A. Priest; Martinsville, F. R. Maxwell; Milroy, C. S. Houghland; Mount Etna, G. G. Wimmer; Muncie, R. E. Cole; Nashville, J. A. Turner; New Albany, J. W. Baxter, J. E.

Bird; C. E. Briscoe; F. E. Wolfe; New Middletown, S. A. Smoots; North Terre Haute, E. M. Shores; Owensburg, C. C. Moore; Oxford, E. E. Parker; Peru, L. R. Ellers; Petroleum, G. B. Morris; Plainfield, J. C. Stafford; Portland, G. V. Cring, M. M. Moran, J. E. Nixon; Princeton, O. T. Brazelton; Richmond, C. E. Duffin, W. G. Huffman; Ridgeville, J. M. Wallace; Roanoke, D. E. Murray; Rochester, H. W. Taylor; Salem, C. B. Paynter.

#### BOOK PUBLISHERS.

The names of the reliable medical book publishers can be found in our book department, not necessarily in each issue, but from time to time. Those publishing the most important books perhaps occur more frequently. Our readers will make no mistake in giving these publishers their patronage. The college students, we are glad to say, consult this department regularly judging from the 'phone calls to the Journal and inquiries at the college book store. We make this department a special feature in comment and excerpt.

#### CITY HOSPITAL NOTES.

Under the present regime some important and much needed improvements have been made at the City Hospital. Many more are needed. The elevator in the old building goes at the rate of a snail and balks with four passengers. It has been so for years and is a nuisance. There should be a toilet room for members of the staff. After riding in an automobile physicians often desire to use water and soap before visiting patients, and other things might be mentioned. It is true, that to the right of the reception room is a room which is generally occupied. If not, then one finds a dirty wet towel, plumbing on the wash stand tied with string, and other things on the same level. One-half of the room is a junk shop consisting of mops, scrub buckets and tin cans. The wooden seat of "the necessary" is sorely dilapidated and perhaps harbors enough spirochetes, which, if put in juxtaposition would circle the world several times. This has

been so for years, but the present regime has started out well and we wait in confidence for better things. At present this place is unsanitary and the only place for staff members.

The office force comes in direct contact with physicians and in fact all persons who come to the hospital. It is refreshing to observe the courtesy of these employees and the absence of the common-place grouch of public places. In making the present selection the board has done well.

The interne in every hospital is a problem. It has ever been so. Some have suggested that the only solution is to hold the diploma until the end of the internship. The writer is on his second month of active clinical and staff service and has an opportunity to know something of the internes and nurses. They show an interest, do not absent themselves from duty, respond promptly to the needs of clinician and patient and are apparently always on the alert in the performance of duty. The pharmacist is Joel Allen. He is particularly qualified for the work and never deviates from the path of duty. He is reliable at all times and the "cut of his jib" indicates a perfect gentleman.

The members of the Office Force at the City Hospital are: Miss Ivadell Beam, Miss Margaret Hoggins, Miss Alice Marks, Miss Mary Barnaby and Mr. Ronald Keeling.

The internes are: Maurice McKain, Claude Robison, Everett Aikman, Robert Masters, E. D. Beard, O. L. Stevens, Nicola Salerni, William T. Miller and James Thom.

The X-Ray Department consists of W. E. Pennington and James L. Thom.

The Superintendent of the City Hospital is Herman G. Morgan and the Assistant Superintendent is Harry L. Foreman.

Dr. Don Bartley, who has been with the British Army in London, England, has returned to the city for a short visit, before returning to his former home at Spencer, Ind.

Dr. John W. Sluss has returned home from Mexico.

Dr. Fred G. Jackson has returned home from Camp Custer, Michigan.

The changes the board has made for the care of those affected with infectious diseases is very creditable and this board has done what should have been done long ago. We are sure it is a new era for the city hospital.

The board of health as now constituted, consists of Drs. W. G. Gatch, Orville Smiley, Harry E. Gabe and John D. Garrett. The city sanitarian is Dr. H. G. Morgan.

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#### NEWS ITEMS.

Lieut. Fowler B. Roberts is serving as assistant to the camp surgeon at Fort Oglethorpe. Dr. Roberts took his examination for the regular army early in the summer. He was formerly interne at Indianapolis City Hospital.

Far-reaching possibilities for public health nursing are seen by Mrs. Henry B. Heywood, newly elected president of the Public Health Nursing Association, who has taken up her responsibilities with a program of co-operation of nurses and the board of directors. Mrs. Heywood has divided the work and purposes of the association into three departments—promotion, business and service—and has placed a vice-president over each department. Mrs. E. B. Birge, first vice-president, is chairman of the promotion department; Mrs. Ronald C. Green, second vice-president, of the business department, which will consider best methods of administration in the office, and Mrs. Peter Bryce, third vice-president, of the service department. Mrs. Bryce has been chairman of the nurses' committee since the organization was started.

Dr. H. A. Sampsell, a dentist in Indianapolis, died at his home February 4. He was at one time dean of the Central College of Dentistry and had practiced his profession in Indianapolis for forty years, coming to Indianapolis from Ohio. Dr. Sampsell was active in Masonic circles and was recently honored by the thirty-

third degree. He was an upright man, conscientious in every act, unwavering in his honesty of purpose, philanthropic with others, and his perfect friendship was of the type that makes the world better. There is always room in heaven for such persons.

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Dr. D. P. Kennedy, age 74, secretary of the City Board of Health and formerly Mayor of Martinsville, died of paralysis January 16 at Martinsville. Dr. Kennedy was a veteran of the civil war, serving in the Seventieth Regiment, Indiana Volunteers. He was a member of the Methodist Episcopal Church and was widely known in G. A. R. and the K. of P. circles.

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Captains B. A. Brown, B. J. Terrell, W. G. Culloden and Lieutenants H. S. Leonard, W. H. Long, J. P. Cristie, A. H. Hendricks and E. A. Pope of Indianapolis have been honorably discharged from the army.

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Major Eugene Buehler of Camp Travis, Texas, visited Indianapolis early in January.

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Dr. B. J. Larkin has located at 703 Hume-Mansur building for practice of diseases of the eye.

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The quotation is from Scott: Canto VI St. 2 or 22, I: "Lay of the Last Minstrel."

Breathes there the man with soul so dead  
Who never to himself hath said,  
This is my own, my native land!  
Whose heart hath ne'er within him  
burned,

As home his footsteps he hath turned  
From wandering on a foreign strand?  
If such there breathe, go, mark him well;  
For him no minstrel raptures swell;  
High though his titles, proud his name,  
Boundless his wealth as wish can claim,  
Despite those titles, power, and pelf,  
The wretch concentr'd all in self,  
Living, shall forfeit fair renown,  
And, doubly dying, shall go down  
To the vile dust from whence he sprung,  
Unwept, unhonored, and unsung.

## BOOK AND JOURNAL REVIEWS.

**Surgical Treatment. A Practical Treatise on the Therapy of Surgical Diseases for the Use of Practitioners and Students of Surgery.** By James Peter Warbasse, M. D., formerly attending surgeon to the Methodist Episcopal Hospital, Brooklyn, N. Y. In three large octavo volumes, and separate desk Index volume. Volume II contains 829 pages with 761 illustrations. Philadelphia and London: W. B. Saunders Company. 1918. Per set (three volumes and the index volume): Cloth \$30.00 per set.

The first volume was reviewed at length in these columns and with much commendation. In addition to setting forth the views of the reviewer sufficient of the text was included to give the reader an opportunity to form an opinion concerning the publication.

The second volume does not in any way deviate from the standard set by Volume I.

From the fact of the pandemic influenza furnishing so many chest complications and particularly empyema, we turned to page 396. Here we find a splendid diagram of the thorax, then a transverse section, farther on an illustration showing an aspiration of the chest for hydrothorax, a cut showing resection of the rib for empyema and then detail illustrations until a cure is effected. This is simply mention of the completeness. The descriptive matter is especially praiseworthy.

The same completeness follows in the description of all things pertaining to the abdomen.

S. E. E.

**A Practical Medical Dictionary of Words Used in Medicine, with Their Derivation and Pronunciation, Including Dental, Veterinary, Chemical, Botanical, Electrical, Life Insurance, and Other Special Terms; Anatomical Tables of the Titles in General Use and Those Sanctioned by the Basle Anatomical Convention; Pharmaceutical Preparations, Official in the United States and**

**British Pharmacopias and Contained in the National Formulary; Chemical and Therapeutic Information as to Mineral Springs of America and Europe, and Comprehensive Lists of Synonyms.** By Thomas Lathrop Stedman, A. M., M. D., editor of the "Twentieth Century Practice of Medicine," of the "Reference Handbook of the Medical Sciences," and of the Medical Record. Fifth, revised, edition. Illustrated. Price \$5.00 net. New York: William Wood & Co., 1918.

The appearance of a new edition of Stedman's Medical Dictionary has come to be a biennial event, not only expected but welcome. The fifth edition, now at hand, has been enriched by the addition of many terms fresh from the battlefield: even such solecisms find place as P. U. O. and D. A. H., which the author admits to his lexicon with much the same gesture with which the young lady novice in the biological laboratory receives a crayfish to dissect. The new editions of both the Pharmacopoeia and the National Formulary, appearing since the fourth edition, have necessitated considerable revision, which has been conscientiously performed. While we may not possess the imagination credited to the American humorist who spent many spare hours reading the dictionary, wondering how the characters would turn out, we can easily fancy the great help this volume will be to the medical writer who wishes to enlarge his vocabulary without sacrificing philological correctness. Against all hybrid words, crude and barbarous terms of all kinds, Stedman sets his face; while he does not impair the usefulness of his dictionary by omitting any such expressions which may be in common use, he nevertheless indicates their mere triciousness and strives to lead the medical writer into etymologically correct modes of expression.

We have taken the above from the February 1, 1919, issue of the Medical Record, a source all times reliable. This review expresses the facts and is not

without a trend toward humor. Several times we have written long descriptions concerning the superior excellence of Stedman's Dictionary and it is now our desk companion. Before leaving the subject of the Medical Record I desire to say to our readers that it is a weekly journal that should be in every doctor's office, and to the seniors of our university school, we advise to commence right by subscribing for a good weekly medical journal and the Medical Record is the one that will not lead to error. Back to the dictionary. In addition to the endorsement I have given attention should be called to the splendid illustrations; for instance, the colored plates on page 879 which will aid in the differential diagnosis of scarlet fever and scarlatini-form eruptions. Another is the eggs of human parasites, page 429. In therapy the information is usually good and often we find the formula of certain solutions.

I looked in the body of the text for certain abbreviations and found them without effort; for instance, M. R. C.—M. R. C. P. I.—M. R. C. V. S., etc

I have looked for many terms for the purpose of drawing a comparison with other definitions and the result has been satisfactory.

The appendix contains about the same as found in other books of this character.  
S. E. EARP.

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**Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences.** Edited by Hobart Amory Hare, M. D., Assisted by Leighton F. Appleton, M. D. Vol. IV, Dec. 1918. Lea & Febiger, Philadelphia and New York, 1918.

Quarterly we watch for this publication because it contains, in the main, the up-to-date material for the three months preceding its appearance and things of greater importance for the full year. Perhaps we give more space than is usual in a review because important abstracts or excerpts are included. This gives our readers an idea of its value. The contributors are Joseph C. Bloodgood,

Charles W. Bonney, Henry A. Christian, H. R. M. Landis and Martin E. Rehfuss. These names are familiar to our readers.

Diseases of the digestive tract and allied organs, the liver, pancreas and peritoneum, consume 17 pages; diseases of the kidneys, 118 pages; genito-urinary diseases, 24 pages; surgery of the extremities, shock, anesthesia, infections, fractures and dislocations, and tumors, 52 pages. Practical therapeutic referendium.

Satterlee states that the question of diet is most important in chronic intestinal toxemia. All meat protein should be withdrawn except that contained in milk, cream and butter. This includes eggs, meat, fish, shellfish and meat extracts. After three months an egg and a little bacon are allowed and patient watched for symptoms. Meat can gradually be added, but if signs of relapse, withdraw meat. The modern corn products are pernicious. (Med. Rec.)

In colon stasis, Kellogg (J. A. M. A.) believes in medical rather than surgical treatment. In 40,000 cases he has performed colectomy on only 20.

Minor published his views in the Therapeutic Gazette concerning the use of atropine in pulmonary hemorrhage. He gave it hypodermically in doses of 1-33 to 1-25 of a grain, but never oftener than six hours, as it may paralyze the bladder and intestines.

Fischbein (Bos. M. and S. Jour.) gives in hyperacidity, heartburn and sour regurgitation, mentholi 1. Magnesii ustae, sodii citratis of each 35. Bismuth subcarbonatis 20. Sig. One-half teaspoonful in a little water half an hour to one hour after meals.

Allen (The Prescriber), in whooping cough, used one minim each 4 hours to baby 1 year old. He uses this formula: Bromoform mj, spirits chloroformi m iii, mucilaginus q. s. and anethi p. s. ad 3.

In the J. A. M. A. quoted Hess and Unger place great stress on the prophylactic use of cod-liver oil. While this is not an entirely new field, it is a very important one and for many years we have noted its value.

Attention is called to the use of iodine in respiratory diseases. Tolerance must be established by fractional doses. Boudreau (in J. de M. de B.) begins with one drop of the tincture, repeated six or seven times a day, adding a drop to the usual beverage at meals. Second day two drops, then three and so on. This increases each dose. Patients sometimes use 100 drops per day and for months and years in tuberculosis cases.

S. E. E.

**Clinical Medicine for Nurses.** By Paul H. Ringer, A. B., M. D., member of staff of the Asheville Mission Hospital, Asheville, N. C., etc. Illustrated. Price \$2.00. F. A. Davis Company, publishers, Philadelphia. English Depot, Stanley Phillips, London, 1918.

This book is dedicated to the pupils of a nursing school and is the substance of a series of lectures. It is intended to be used as a text-book and is the one that the author thinks will answer the purpose best. By its use lessons can be assigned and quisses held which is one of the best methods of imparting instruction. This has been my own experience in several schools for twenty years. The mistake made in the teaching methods in some schools is that the material presented would be more appropriate for a medical student than for a nurse. Sometime we will get out of the old traditional methods and an effort will be made to modernize.

This book will acquaint the nurse with many things she ought to know and even though it embrases too much perhaps for a text-book, yet for reference it will be very valuable. Its value as a text-book depends largely upon the person who assigns the lessons, pencil in hand.

S. E. EARP.

**The Pawns of Fate.** By Paul E. Bowers. Published by the Cornhill Company, 69 Cornhill, Boston, Mass. Price, \$1.25.

Dr. Bowers has proved to be a popular and instructive lecturer on criminology. He has been a generous contributor to

scientific journals and has written many monographs on criminology and abnormal psychology. Dr. Bowers organized the Indiana Hospital for Insane Criminals in 1911 and he has been physician-in-charge of that institution and of the Indiana State Prison since that time. In the laboratories of these institutions he has examined many thousand criminals. His service there gave him a great field for study and investigation, and he lost no portion of the opportunity. From his student days until now, as we personally knew him, he did things well. He now invites us to read a story which sometimes almost abounds in wierdness, then pathos, but there is always a lesson to be learned. 'Tis true, indeed the whole story has a peculiar charm to it, and is full of interest.

"Pawns of Fate" has to do with the relationship of mental defectiveness to crime. The characters described are real persons with whom Dr. Bowers came in contact at the Indiana State Prison.

In "The Pawns of Fate" the reader is given the life history of a criminal, but the tale is brightened with the hopeful and contrasting characters that stand as a background to the more sombre pictures. The sunshine and shade of city life and political conditions are ably depicted, and the author points out in a relentless way the inequalities of life.

Evil tendencies are traced back to the guilt of ancestors. To him, degeneracy is the result of broken physical law; in the weak and erring he discovers malformation; through the alchemy of motherhood he finds hidden influences that wreck a life but lie too deep for the casual observer.

The criminal in "Pawns of Fate" was a degenerate. He was insane and feeble-minded and not responsible for the crimes he committed. His mother died of tuberculosis when he was only eight years old and from then on he had shifted for himself and gained as best he could his limited knowledge in the school of the streets. His only playmates and associates were criminals. Vices of all kinds, both gilded and unmasked, had passed

before him, and daily and intimate contact with moral corruption had left its imprint on his youthful mind.

Politics play a large part in "Pawns of Fate." The characters are of the types that we meet in everyday life. There are those who are reared in affluence and extravagant plenty, and those who are insufficiently clothed, housed and fed and live day in and day out in a state of physical and mental wretchedness.

The whole story radiates toward one center which is crime. Society must be protected from the criminals, but too often we view crime from one angle only. The criminals who are normal in body and mind deserve harsh punishment. But we compel the unfortunate insane and feeble-minded, who find their way into our courts to undergo the same punishment as we do the mentally sound.

Dr. Bowers believes that every court should have attached to it a psychopathic laboratory, where the mentality of criminals is investigated, where, in truth, all the factors that plotted against man for his downfall are carefully studied. The report of the medical investigation should be submitted before the sentence is pronounced.

"Pawns of Fate" is, above all, a book for the library of the thoughtful reader.

M. H. G.

**Infectious Diseases of Children. A Study of 6,078 Cases Among Immigrants, with Special Reference to Cross Infection and Hospital Management.** By J. G. Wilson, Past Assistant Surgeon United States Public Health Service. Public Health Bulletin No. 95; October, 1918. Prepared by Direction of the Surgeon General. Treasury Department, United States Public Health Service. Washington Government Printing Office, 1918.

Opinion in regard to the proper management of contagious diseases treated in hospitals has undergone much change within the past decade. The old idea that infection occurs through the air and

that a distinct quarantine must be drawn between wards and buildings containing patients with different contagious diseases has been gradually abandoned. This bulletin tries to show how in the Ellis Island Hospital the new methods have worked out in practice and suggests changes which will result in additional improvements.

Approximately 75 per cent. of all immigration into the United States has for many years been through the port of New York. During the period covered by this report the annual number of persons under 14 years of age has averaged 10 per cent. of all arriving aliens. This means that during the periods of so-called normal immigration there have been approximately 100,000 persons passing through Ellis Island every year who were at the age period of susceptibility to the acute exanthemata.

This study naturally divides itself into two distinct though closely related parts. The first deals with the statistics of 6,078 admissions, and embraces data on incidence, age distribution, complications, cross infections, and case fatality, together with a resume of these and other important factors as they affect the more common acute infectious diseases. The second part deals with the hospital management of the cases, and is a study in methods of prevention of complications and cross infections.

The statistical data set forth in the first part of this report are so arranged that they are available for the use of persons interested in the clinical aspects of the various diseases considered, and can be applied by them as best suits their individual needs. In many instances the number of cases tabulated is too small to warrant the drawing of general conclusions, but these cases have, nevertheless, been included so that they may be available in the compilation of larger statistics by others. In other instances the data have seemed to be sufficient to warrant the expression of a general conclusion. Such conclusions will be found in the summaries following the individual tables.

M. G.



**Rural Sanitation. A Report on Special Studies Made in Fifteen Counties in 1914, 1915 and 1916.** By L. L. Lumsden. Prepared by Direction of the Surgeon General. Public Health Bulletin No. 94, October 1918. Treasury Department, United States Public Health Service. Government Printing Office, Washington, 1918.

The problem of rural sanitation has been recognized by sanitarians as one of the most difficult and one of the most important with which this Nation is confronted.

It is difficult because of its diffuseness. It is important because it affects vitally so many of our people and because advancement in rural sanitation would help to meet the need of making rural life more attractive and so tend to induce a larger proportion of our population to engage in the industry of food production.

According to the census figures, 53.7 per cent. of the population of the United States, in 1910, resided in rural districts; that is, either in country homes or in villages or towns with populations under 2,500. Thus, over 50,000,000 of our people are constantly and directly exposed to conditions of rural life. This rural population is distributed over an immense area comprising over 3,000 counties. For the large majority of these people the only local government is the county government, and this in direct relation to conditions at their homes is as a rule manifested only by the annual visit of the tax assessor.

The statistics show that much better progress in the prevention of disease is being made in our cities than in our rural districts. In the registration States the death rate in the period 1900-1912 was decreased in the cities by 21.2 per cent. and in the rural districts by only 8.6 per cent.

Other than doctors will profit by reading this book. M. G.

**Annual Report of the Surgeon General of the Public Health Service of the United States, for the Fiscal Year 1918.** Gov-

ernment Printing Office, Washington, 1918.

The administrative organization of the bureau during the past fiscal year remained the same as in previous years. The following is a list of the divisions of the bureau through which the field work of the service was conducted during the fiscal year: Scientific Research; Domestic (Interstate) Quarantine; Foreign and Insular (Maritime) Quarantine and Immigration; Sanitary Reports and Statistics; Marine Hospitals and Relief; Personnel and Accounts; Miscellaneous Division.

This report records the activities of the service for the year, summarizing its operations in the various fields of work and making recommendations for the betterment of the service.

The public-health activities of the country can thus be properly expanded to meet acute situations and co-ordinated under the direction of the Federal Public Health Service in meeting national emergencies. M. G.

#### MERCENARY MEDICO.

Secretary McAdoo, apropos of the free anti-typhoid treatment, said at a Washington luncheon:

"I once heard of a fashionable but mercenary surgeon who was asked by a friend:

"What did you operate on old Lay-dup for?"

"For \$2,500," the surgeon answered.

"No, no," said his friend. "I don't mean that. I mean what did he have?"

"He had \$2,500," said the surgeon."  
—The Doctor.

#### HE KNEW.

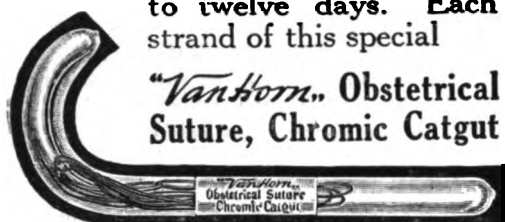
A little boy asked his father, a confirmed dyspeptic: "Dad, did Moses suffer with indigestion?"

"I am sure I don't know," snapped his father, whose temper was rather soured by his infirmity.

"Well, I think he must have had it, for our teacher told us on Sunday that God gave him two tablets."—The Doctor.

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No. 3

## ORIGINAL COMMUNICATIONS

### .PREPSYCHOTIC MANIFESTATIONS IN DEMENTIA PRAECOX.\*

By Max A. Bahr, M. D., Indianapolis, Central Hospital for the Insane.

The evolution of the present conception of dementia praecox is one of the most interesting studies in the history of psychiatry. The study of psychoses of this group has in recent years been placed upon a more thorough understanding. In the first place I wish to emphasize that the principal duty of the brain is that of co-ordinating the different functions of the body with one another, and the body as a whole with the conditions of the environment. Consequently insanity is not one disease, but rather a large number of diseases or disorders which differ widely not only in their manifestations but in their causes; so that in everything which refers to practical dealing with treatment and prevention we have to follow quite different principles in the different kinds of diseases. In some of these diseases we are dealing with plain

physical causes or conditions, such as syphilis, diseases of the blood vessels, atrophy of brain tissue in advanced years, or various poisons introduced into the body as alcohol, or poisons produced within the body which exercise a harmful influence.

In the organic mental diseases the early manifestations are much more an integral part of the disease. They indicate the beginning of the actual breakdown. They represent the first indication that a severe brain disease has started. On the other hand in cases of dementia praecox we find in a great majority of cases in early childhood, at the age of puberty, or adolescence or later, certain peculiarities of character, certain defects of self-management which we must regard as danger signals, and which should be taken much more seriously than is commonly the case. Such evidences we have learned to recognize, through careful inquiries into the life histories, the characters, the

\*Read before the Indianapolis Medical Society, February 11, 1919.

habits of those individuals who are brought to us after the mental breakdown has occurred. The conviction has more and more been impressed upon us that the public, and especially physicians, have not paid enough attention to such signs, and that a better knowledge of these early danger signs also would be useful to all those who have to deal with children and young people.

The cases of dementia praecox are divided into three subgroups representing different varieties of clinical course. These are hebephrenic, catatonic and paranoid forms. All admit that these subdivisions are more or less artificial. Characteristic examples are easily placed in one or the other class, but there are numerous transitions between the various forms which are extremely difficult to place. One may therefore regard this subdivision as merely of practical and not essential value. In the past year this group represented 18.9 per cent of our admissions and it has been estimated that there are 130,000 cases of dementia praecox in the various hospitals in the United States.

Two types of this peculiarity of personality might be considered, the backward type and the precocious type.

In the backward type the patients usually attract attention during their early history by the lack in progress in school. They are not ambitious, they display no spirit of enthusiasm. Some of them make the impression of being simple, dull and lazy. They appear to be unable to concentrate, appear absent minded and forgetful, and fail to develop the reaction of interest and seriousness. Others seem bright enough and capable of learning, but refuse to apply themselves and are frequently addicted to truancy. In all these cases the parents eventually realize the uselessness or impossibility of continuing in school. They are consequently taken out of school comparatively young, frequently just at the age of puberty, and are usually quite illiterate. The next experiment of useful employment meets with no better success. The work impulse is absent or vacillating or inadequate. Sometimes the history

shows that every kind of occupation has been tried, but each usually soon given up; while in other cases it is noted that the patients have practically never done a stroke of useful work. Inertia increases, the patients lie in bed late of mornings and frequently retire to bed during the day, and finally in extreme cases will remain in bed indefinitely if not prevented, even obtaining contractures from fixed postures.

In the precocious type, one of the striking early characteristics is associated with school life, but contrasts greatly with what we find in the foregoing type. The histories indicate that these patients as children, or in the early reaction of maturity, are considered exceptional in mental ability. They have not only the capacity, but apparently the zeal for learning which often placed them at the head of their classes. They are older than their years, bookish, not given to childish pleasures, overserious and dignified, proper, precise, prudish or pious, the model children of the neighborhood. Sometimes particular capacities appear, as for musical training, feats of memory, and artistic trends. These children tend to set the example for or lead their associates. In the end, however, as the affections of maturity become crystallized as habits, they offer actual social barriers between precocious members of this group and their more ordinary or normal associates. Unfortunately parents are not always in a position to distinguish between a possible healthy precocity and the morbid sort, and we have instances of parental pride urging the childish victim on in its one-sided development, effectually crushing any less lofty, but more normal impulse, which might perchance break through the already psychotic repression of the prospective patient.

The one fundamental feature underlying all the various pictures which are presented by patients suffering from dementia praecox, seems to be a disturbance in the emotional field of life which may best be expressed as disturbance in interest. By this is meant that the individual is incapable of showing that interest in conditions and events which had

been present in health. There seems to be, as Kraepelin expresses it, a "blocking." Something seems to stand in the way of normal interest. One can readily understand that such interference must of necessity occasion marked disturbance in the coherence of the stream of ideas which arise in consciousness and give rise to distortion of affective life and of the actions and conduct of the individual. It is the interest we take in things which directs the thought and renders continuous thinking and harmonious action possible. Let us lose interest and we know that at once our thoughts become scattered, and we achieve nothing.

It must be stated that this disturbance of interest is not obvious in all cases. There are many conditions in which real or apparent loss of interest occurs with close resemblance to this peculiar distortion or blocking and the conclusion that it exists in any given case often requires the most careful and painstaking observation with expert analysis of the whole situation, just as one decides the presence of an infection with typhoid, from the observation of particular signs and symptoms, no one of which is characteristic. Among the features especially indicative of this state of blocking, besides the indifference which may be more or less apparent, may be mentioned incoherence of thought, that is to say a lack of cohesion and connection in the sequence of thought; lack of harmony between thought as expressed in words and acts and the expression of emotion (laughing while relating bad news, etc.); and the presence of contradictory emotional states in connection with one and the same group of ideas. It is impossible here to enter upon any more complete description, but one may say that such evidence is constantly present, although continued observation may be necessary in order to demonstrate, and no diagnosis is justified without it. There are many individuals who never enter an institution for the insane but show merely a blunting and narrowing of interest, eccentric peculiar personalities who are frequently referred to you in your communities.

This form of deterioration, which corresponds in its essential features to the dementia praecox type, is probably more common than it is generally recognized to be. Because of the absence of psychotic symptoms, only a small portion of such cases ever reach hospitals for the insane. In clinics and dispensaries, however, one meets more cases of this character, especially in youthful individuals, who are brought with the history that they have simply lost interest and ambition, and appear to be growing stupid.

Individuals who deteriorate in this manner are undoubtedly to be found in large numbers among the dependent class of the community. Chronic loafers, beggars, vagrants, poorhouse inmates and many individuals with reformatory and prison records belong to this class. In well-to-do families such cases are usually provided for at home, being looked upon as simple, as eccentric personalities, nervous wrecks, etc.

The next question which naturally arises is the reason for these developments, the cause of this so-called "blocking" and effective deterioration, and the manner in which are derived the various symptoms and syndromes. With regard to the first of this question there are still great differences of opinion. Kraepelin and many others upon the ground of certain analogies hypothecate some intoxication, probably an auto-intoxication. Others especially insist upon the strictly mental factors as facts of definite concrete observation and show beyond question that in a large number of actual cases the disorder can be directly traced in its evolution from faulty adjustments in individuals of this peculiar makeup. Many authors refuse to accept that such mental factors are alone capable of giving rise to the disorders of mind and body grouped under the head of dementia praecox, but yet are willing to concede, and anxious to prove, that they play the all important part in determination of the symptoms. I can not here enter into these mechanisms, but may mention that they depend upon the principles of dynamic psychology which have been so largely elaborated by Freud.

If one considers the various views which have been propounded as to what is the basis of this peculiar makeup we find ourselves in a realm of pure hypothesis and speculation. It is true that in the various pictures of dementia praecox there are many features which closely resemble those which are obtained in states of intoxication and one would be unwise to deny the possibility of such being present. But it should always be remembered that such intoxication may well be secondary to the disturbances in muscular and glandular activity which we recognize as part of the disorder in psychological adjustment.

Many of the clinical pictures during the acute stages resemble the intoxication deliria. Many of the bodily symptoms, the blood changes, cardio-vascular disturbances, trophic alterations in the skin and bones, gastrointestinal symptoms, increased myotic irritability, etc., are common in the intoxication disorders.

All these features unquestionably suggest changes in metabolism, the study of which will amply repay the time and labor expended. There is yet to be found any evidence that they play any role in the actual causation of the disorder.

With regard to the nature of the supposed toxin we have a wealth of theories from which to select, as disturbances of internal secretion of the sexual glands, the thyroids and suprarenals, etc. Others would see the possibility of some infective toxin; such, for instance, as those as syphilis and tuberculosis. The percentage in which a positive Wassermann reaction has been obtained is rather strikingly high. Noguchi, in 135 patients, found 12 per cent positive. In 252 cases at the Central Hospital we obtained a positive Wassermann reaction of the blood in 32.1 per cent and in both spinal and blood in 3.1 per cent of the cases. The suggestion which led to this investigation at our institution was the frequency of dementia praecox in the descendants of general paretics and tabetics. It may be that syphilis in the parents is a factor in the nervous insufficiency which everyone admits in those who suffer from dementia praecox.

We might consider some concrete instances of individuals which illustrate definite defects which were present for years or throughout life, and which show clearly that the breakdown did not come out of the clear sky, but was rather an eventual outcome if inadequate self-management and inadequate adaptation to environment in addition to a certain weakness inherent in the individual.

Case I. Female, aged 27. As a child was shy and retiring and always inclined to be abnormally afraid. Seclusive and was never able to get in real contact with those about her. She was quite intelligent and learned readily at school. When puberty came with its physical changes, she was unable to take this naturally and had many warped ideas about it. At the age of 16, although she looked healthy and was of good physique, she began to sleep poorly, was fault finding, dissatisfied, would shun her few girl companions and would day-dream for hours at a time. An attempt was made to divert her by traveling, which only exaggerated her condition, and faddish treatments and suggestions were made which did not help the patient, as they did not go to the root of the evil. She also developed many fancies and was considered by her physician as neurathenic. About three months before her actual breakdown took place she married a man after short acquaintance, who was considerably older than herself. It is strange to say that this marriage was advised by her physician and engineered chiefly through the tactics of the patient's mother. Soon after the patient's marriage her psychosis developed in which she drifted into a semi-stuporous state and wanted to be left entirely alone, and also developed an intense hatred towards her mother and on one occasion made a violent assault upon her. Now, anyone who is at all observant, would have been struck by the fact that definite symptoms appeared long before her marriage and that this should have been a warning, but, of course, it was not a warning, as no attention is paid to such things, very often not even by physicians. To a psychiatrist the situation would have been very plain, for

not only did she show mental symptoms, but mental symptoms which directly pointed to the fact that they were connected with a lack of adjustment to this marriage.

**Summary:** Chief manifestations in this case were reticence, seclusiveness, stubbornness, brooding, sensitiveness and a certain suspiciousness, together with oddities and strange behavior. These peculiarities which had their causes not only in unalterable innate personal traits, had a tendency to grow. It is not surprising that in this case the patient was unprepared when adaptations to new situations were required through external changes as those which came with her marriage.

**Case II. Male, age 31.** As a child was shy, stubborn and unsociable. Because of his distant attitude and lack of affection he never seemed to fit in the family circle. He did not seek companions and friends out of the home. He was irritable and cross and while still a child made a murderous assault upon a small girl, for which he was lodged in jail. He was not interested in his school work, although he was always promoted and finished at the age of 15. As a boy he was known to do freakish things. He masturbated excessively and as a boy he would interest himself deeply in quack literature which dealt with masturbation and sexual matters.

Since in the institution he has not manifested any interest in anything. He sits alone in his room or stands in an aimless, stupid manner, gazing vacantly, occasionally grinning. When interviewed one notices that his demeanor is peculiar. He smiles in a mechanical manner and frequently gives a suppressed laugh. There is no spontaneity in speech, his voice is low, attention poor and his sentences are often left unfinished. He attributes his symptoms to masturbation, thinks that it has made him nervous and weak and brought about a failure in his mental powers. Early in life he expressed the idea that he was to become a great religious leader.

**Summary:** Here we have an individual

who in childhood was noticeably deficient, in social and altruistic feelings; a seclusive personality without wholesome companionship in the family or outside of it; fairly well endowed intellectually, but deficient in application and lacking in interest. Addicted excessively to masturbation and deteriorating into a state of grave apathy, showing also constrained behavior, mannerisms, silly smiling and diminished power of attention. Has many hallucinations and delusions of a religious content.

**Case III. Female, age 23.** Is one in which the patient before her psychosis was never found to be quite natural, frank, open and well balanced, but instead was considered odd, peculiar, with tendencies to hobbies, day-dreaming and phantasizing. These various prepsychotic manifestations of her psychosis developed upon the peculiar lack-ground of the individual, and were the expression of the various trends in the patient's mind. The necessity of recognizing this internal development of peculiar attitudes in the patient, which determined the reaction later in the psychosis, is most beautifully demonstrated in this case.

**Case IV. Male, aged 19.** As a boy he was of a seclusive disposition, never cared for playmates and a lack of affection for his parents was very noticeable. After leaving school he made a half-hearted effort to work, then remained at home idle. At school the patient appeared to be dull and when he stopped at the age of 14, he had reached only the third grammar grade. His failure to make satisfactory progress seems, however, to have been due largely, if not entirely, to indifference and lack of attention, as the intellectual tests now show that he can by no means be considered feeble-minded. Early in life various peculiarities of conduct appeared, as outbreaks of silly laughter and frequent mannerisms.

At the institution his mood is one of indifference and he laughs in a foolish manner and manifests peculiarities in speech and action. He is also very hypochondriacal. His memory is good and he has a fair fund of general knowledge,

spells difficult words and does calculations accurately.

**Summary:** A shut-in type from boyhood. Was indifferent in school and lacked any strong family feeling. Failed to develop any concrete interests. Deterioration characterized by mannerisms, silly laughter, emotional blunting and general apathy. Stream of consciousness remains coherent; innumerable hypochondriacal ideas. Stigmata of degeneracy as manifested by a strabismus.

**Case V.** Male, age 25. In boyhood the patient was seclusive and stubborn and never formed strong attachments. Even towards his parents he was indifferent. Frequently played truant from school. He then went to work and was able to keep one position for a year. Then he worked very irregularly, grew indifferent and finally refused to work at all. He joined the army, but lost all interest and energy and spent the greater part of the time while there in the guard house for insubordination. No delusions or hypochondriacal ideas expressed at any time. Voracious appetite and on one occasion ordered \$15 worth of articles from the grocery, mostly nicknacks and delicacies. On the ward he is indolent and seclusive and unconcerned about his detention. Talks freely when questioned. He is lazy, careless and indifferent, and when questioned relative to current events he stated that he knew that there had been a war going on somewhere but had no idea what nations were in conflict. At times it is difficult to get him out of bed in the mornings. If permitted to do so he would neglect his person and refuse to comb his hair or bathe. Has no affection for any of the members of his family. When they visit him he barely recognizes them and when they bring him eatables he manifests no signs of appreciation. No delusions or hallucinations since in the institution. He is dull with a stolid facial expression and slow in speech when answering questions. He is not capable of expressing any deep feeling of any kind. He shows no concern over the past and feels no resentment because he was sent here and is perfectly satisfied to remain the balance of his life.

**Summary:** In this case we have a simple deterioration in interests with loss of ambition and a blunting of the emotions, the patient sinking into idle existence without the appearance of any delusions or hallucinations. His makeup shows plainly the shut-in-type of personality, which was already plainly evident in childhood, in that he was stubborn and manifested an absence of any strong emotional attachments. There was deterioration in the interests of normal children and antagonism to discipline.

These cases suffice to show the main characteristics of this type of psychosis, the outstanding of which can be summarized as follows:

The appearance in childhood of signs of a shut-in personality. This is probably a very deep rooted tendency and has much to do with later developments. In fact, what we call the deterioration in these cases is, to a great extent, nothing more than a "growing inward," a tendency to ignore the external world, a living apart without further interests in the affairs of life.

Standing in close relation to this shut-in disposition is the difficulty in sex adaptation. The auto-erotic traits appear early and masturbation becomes a fixed habit. The deterioration seems to begin in most cases at about the age of puberty when the difficulties in dealing with the sexual instincts are most acute. In cases of dementia praecox, by analysis of the delusions and hallucinations and peculiar behavior, it becomes possible to trace the symptoms back to certain underlying complexes which appear to be factors of dynamic importance in the development of the mental disorder. These complexes account for most of the symptoms and always determine the main trend in the psychosis. It is not claimed that complexes are essential causes of the disease, but they evidently belong to the etiological constellation in which makeup and mental habits play an important role.

The psychological examination of cases of dementia praecox leads us to look upon the psychosis as an attempt at a readjustment, the patient reaching out, as it were, to find some sort of satisfaction or



compromise for the conflicts with which the personality has to deal. Thus we find in the delusions and hallucinations wish fulfillments, compensations, defense, reactions, etc.

We can only say that we have in the personality who develop dementia praecox a tendency to reactions which, primarily and fundamentally, interfere with the contact with, and the reference to reality. Whatever we may find to describe in these personalities, this is evidently the central feature. It seems, however, that this marked turning away from reality is in itself enough to explain the greater deviation from logical thinking, which means, after all, thinking adapted to reality and determined by relationships in the world of phenomena. We appreciate this all the more when we know that failures of adaptations are regularly associated, in this disorder, with a still greater exclusion of reality.

It is not within the scope of this paper, which is supposed to call attention to the early factors in this disease, to speak at length of remedies. Furthermore, I can not offer any simple means of combatting all these various types of conditions which I have spoken of this evening. They are the outcome of many internal and external factors and each case is a problem by itself. All treatment, even that with medicines, consists in the application of two principles, namely, that of training and rest. The principle of rest relieves the strain and that of training on the other hand is represented by the teaching of healthy living under reconstructed conditions. This is a task which is quite laborious and requires considerable patience. One thing is certain and that is that not only are few attempts made in this direction, but the danger signals which I have pointed out as a rule have not been recognized, or have not been recognized as such, and nothing at all has been done to modify them. We have looked upon them rather as legitimate traits with which this or that person also presented more or less, without coming to grief. We must constantly keep in mind that slight abnormalities of self-management or conduct are matters

which need to be dealt with, as matters which not only interfere with the full development of the personality, of which we are so much in need, but which later may lead to more serious consequences, and while, as I have stated, it is difficult to give simple uniform ways of handling these conditions, they will nevertheless at times be found to be much more manageable than would seem, especially when taken early. Many people often stand at cross-roads; in one direction is health, in the other nervousness or perhaps insanity. Many turn in the right direction from innate sense, others turn the other way because they are constitutionally doomed. But we are sure they could be guided better if we only paid more attention to these early manifestations, and were thoroughly impressed with the fact that they are wrong.

Thus it is evident that in a close study of the individual's make-up, it is possible for us to learn something in regard to his fundamental adaptability, and thus direct him along certain lines which will avoid a possible outbreak of the psychosis, which, as I have repeatedly emphasized in these cases, is nothing else than the intensification of the different abnormal traits of the individuals.

Unless the physician familiarizes himself with the factors involved in these various types of makeups, making a careful scientific study of the etiology with a view to prophylaxis and treatment as well, he will be leaving unfulfilled a duty he owes to humanity at large.

As I have emphasized, the key to the solution is education and training, but it is only through a careful study of the pathological problems involved that a comprehensive understanding of the factors underlying these cases can be learned and measures taken for prevention and treatment indicated.

#### A REAL SLEEPER.

Attorney for the Defendant—Isn't your husband subject to insomnia?

Prosecuting Wife—Insomnia? Well, I guess not! That man couldn't be kept awake if his pajamas were lined with mustard plasters!

## TREATMENT OF INFLUENZA-PNEUMONIA.

By Thomas J. Beasley, M. D., Indianapolis.

The influenza-pneumonia epidemic which has been prevailing for the past few months has presented many perplexing problems. As physicians we are most interested in its etiology and treatment.

Many reports have been published showing that a vast amount of laboratory work has been done and a review of these findings shows that it has not been definitely proven what bacteria or group of bacteria are responsible for this infection.

Inasmuch as it seems that not one but many different kinds as well as many different strains of bacteria are associated in this infection, it at once becomes evident that vaccines and serums may be useful in the treatment. However, it must at least be apparent that it would be most difficult indeed to decide which vaccine or serum would be the most efficient, especially in the presence of such a complex infection which must of necessity be productive of an unusual and complex toxicity.

Since in this disease no one biological product has yet been produced which can be considered as specific or even superior to the many similar products now available, we therefore have been compelled either to use some one of the many biologicals that have been suggested but whose therapeutic value has not been established or to treat the disease along empirical lines.

While the writer does not at this time want to pass judgment upon the merits of biological products suggested as useful in the treatment of pneumonia, he desires to discuss in this article the drugs he has found useful and which have been productive of good results, namely, gualacol, creosote and iodine.

As these three drugs are very freely eliminated through the mucous membranes of the respiratory tract, it would be expected that they would have a distinct effect upon these membranes when involved in a pneumonic process.

The gualacol and creosote have been

used in moderate sized doses combined with either an expectorant or a sedative cough mixture depending upon the cough. A dose is given each two to four hours as required.

For the control of the excessively high fever encountered in many of these cases, the local application of gualacol to the abdomen was found very useful. After cleansing the abdomen with ether the following mixture was applied: Gualacol, 15 minims to 45 of glycerine, the entire drachm being poured over the part, which was then covered with oiled silk. This application is repeated as often as required to control fever.

The use of iodides has for many decades been confined to the treatment of chronic diseases and we have no other group of drugs which has been used longer and with more certainty. We think of iodine as an alterative and it stands at the head of the list. But in the therapeutic application of iodides we are prone to limit their use to chronic conditions and seldom think of them in connection with those that are acute.

The writer has often given iodine in chronic fibrous pulmonary tuberculosis where the formation of scar tissue has been so excessive as to cause difficult breathing. Being able to relieve these patients by the cautious and limited use of iodine, he was encouraged to apply it in the treatment of broncho-pneumonia and desires to present his observation of its effects in this class of cases.

A soluble tincture of iodine was prescribed. The beginning dose was 10 minims administered each three hours in a copious amount of water. On the second day the dose was increased to 15 minims and was thereafter increased five minims each day until 30 to 40 minims was being given, which dosage was usually obtained by the fourth to fifth day. The desperate form of the disease requires that tolerance or near tolerance be obtained as promptly as possible, and, as a rule, by the third to fifth day, im-

provement has been so marked the iodine could be temporarily or permanently discontinued.

This procedure has been followed by the writer for many weeks and has been applied in a large number of cases in his own as well as in the practice of many of his confreres. Among these there have been many severe cases in many unsuitable subjects.

This line of treatment has often been instituted in cases that had been seriously ill for several days, in which various other remedies had been used with no visible results and in which prompt and continuous improvement resulted in complete recoveries.

There follows its use a lessening of the cough, increased and free expectoration, lowering of the temperature, better respiratory and circulatory functions and a change of the entire clinical picture. Herein is represented the typical effects of an alterative drug exerting its prompt influence upon an acute condition the same as that which is observed when it is applied in the chronic conditions with which we are more familiar. We would not be unmindful of the danger of the alterative effects of large doses of iodine upon inactive or encapsulated tuberculosis in the lungs by bringing into activity what had before been an inactive tuberculosis. The danger can scarcely be increased over that which would be produced by the pneumonic process.

In closing this article the writer desires to discuss two other factors which he deems as very essential in the treatment of pneumonia.

One is to question the rationality of compelling pneumonic patients to submit to the so-called out-of-door treatment. Since this is so universal it may appear extremely radical to suggest even a consideration of the subject. The value of fresh, pure air no one would question, but let us consider what must be the effect upon a patient when the respiratory rate ranges from 30 to 50 times per minute, who is compelled to breathe cold air. His lungs and air passages are already in a highly congested and inflamed state. The

effect of cold air is to congest and engorge tissue. This is observed upon the skin when exposed to cold. Must not then the continuous and rapid inhalation of cold air add to the hyperemia of the respiratory mucosa?

This same effect is observed by the passive congestion of the lungs which is produced in a healthy individual who runs in the cold air to the extent that he raises his respiratory rate by exercise to that which equals the respiratory rate of the pneumonic patient.

The conclusion follows that like in the cavical cases of pulmonary tuberculosis, less cough and expectoration is observed in these patients if they do not breathe cold air, so must it be true in pneumonia. We will have less congestion and less engorgement of blood vessels in the lungs if warm, pure air is breathed instead of cold air.

The other factor of importance is the frequent change of posture of pneumonic patients. The effect of hypostasis should be thought of in every case of pneumonia. Even in children change of posture is a procedure to be remembered. If the effect of gravity is important in cases that are far advanced, the same is true in the earlier and milder cases. The physician who treats pneumonia should take early advantage of the law of gravity by lessening the hypostatic congestion and favor the drainage of the pulmonary tissue by the frequent change of the patient's posture.

427 Newton Claypool Bldg.

#### IT'S UP TO YOU.

No one is beat till he quits;

No one is through till he stops.

No matter how hard failure hits.

No matter how often he drops.

A fellow's not down till he lies

In the dust and refuses to rise.

Fate may damn him and bang him around

And batter his frame till he's sore,

But she never can say that he's downed

While he bobs up serenely for more.

A fellow's not dead till he dies,

Nor beat till he no longer tries.

—Detroit Free Press.

## FURTHER CLINICAL STUDIES OF COAGULEN, KOCHER-FONIO.

## Report of Twenty-five Personal Cases.

By H. K. Bonn, M. D., F. A. C. S., Indianapolis.

In a previous paper<sup>1</sup> on the clinical use of Coagulen, Kocher-Fonio, my case reports, with three exceptions, dealt wholly with the control of post-operative hemorrhage. This study is confined principally to Coagulen usage at the operating table.

Major George de Tarnowsky, M. R. C., of Chicago, has reported<sup>2</sup> his observations upon the use of Coagulen at the operating table. His conclusions, based on his results in a series of twenty cases of various types, were very favorable. He emphasized his belief that the use of Coagulen would definitely shorten and simplify our operative technic.

Kaempfer,<sup>3</sup> using Coagulen in nasal and and laryngeal surgery, especially tonsillectomy and turbinectomy, has reported excellent success in the checking of hemorrhage by means of this preparation.

So far as I am able to judge from the literature, de Tarnowsky and Kaempfer have published the sole articles on Coagulen usage in this country. Many articles upon this subject have appeared in foreign journals, notably the Swiss.

It may not be amiss to state, briefly, what Coagulen is, its dosage, the technic of preparation and methods of administration, and a few of the conditions which have warranted its use.

Coagulen is a cell-free preparation of thrombozym, elaborated by Fonio<sup>4</sup> in Kocher's clinic, to be used for the control of hemorrhage, of whatever origin.

It is unnecessary to enter here into a discussion of the physiology of coagulation, since the extensive writings of Fonio, A. Schmidt, Arthus and Paget, Morawitz, Fuld and Lillienfeld are available

to those interested in this aspect of Coagulen. Suffice to state, that most authorities consider the blood platelets to be the sole carriers of thrombozym.

Coagulen is free from albumin and contains the heat-resisting substances found in animal blood, which intensify and accelerate coagulation, both in vitro and in the living. Coagulen, Kocher-Fonio, is obtained by fractional centrifugalization and consists solely of the blood platelets. Therefore, the substance is a physiologic styptic.

Coagulen therapy is contraindicated in advanced stages of arterial sclerosis, aneurysms and those stages of vascular changes induced by lues.

Coagulen appears in commercial form in powder, as compressed tablets and in sterilized ampoules.

Dosage: Five grams (75 grains) of Coagulen is considered by Fonio to be the maximum amount to be given in twenty-four hours, by any one method or combination of methods; de Tarnowsky, however, has used 135 grains, intravenously in one instance, without any evil results.

Preparation: The powder is simply dissolved in hot sterile distilled water or normal salt solution. The tablets are to be dissolved in sterile distilled water only, since sodium chloride is incorporated in the tablet. Flakes form as soon as the powder or tablets are dissolved, and the resulting solution should be vigorously shaken until all flakes are dissolved. The solution should then be boiled not to exceed three minutes, since further boiling causes the preparation to lose its efficiency. Ampoules of Coagulen solution need no further treatment before using.

Coagulen may be given by subcutaneous or intravenous injection, or applied locally, either by means of a gauze sponge, tamponade, or by injecting or spraying the site of bleeding. Coagulen may also be dissolved in water, tea or milk and given by mouth. Five to 10 per cent solutions of Coagulen are to be used in all

<sup>1</sup> Journal of the Indiana State Med. Assn., October, 1917.

<sup>2</sup> Surgery, Gynecology and Obstetrics, May, 1914.

<sup>3</sup> Am. J. of Surgery, November, 1913.

<sup>4</sup> Korrespondenzbl. f. Schweiz. Aerzte 1913, Nos. 13, 14, 15.

methods of administration except for intravenous therapy. Intravenous solutions should not be used stronger than 3 per cent, and the ampoules are marketed in this strength of the solution.

Methods of administration: In giving Coagulen by the subcutaneous or intravenous method, the injection should be made very slowly. If any headache, cardiac pain or eye derangement appears during the giving of an intravenous injection of Coagulen, the injection should be discontinued at once.

When using Coagulen locally it is necessary that the Coagulen mop, squeezed fairly dry of solution, be applied at the precise point of bleeding for at least three minutes. Due care must also be exercised in the removal of the styptic gauze, one edge being carefully rolled until the gauze is entirely removed. Only in this manner will the clot remain undisturbed and fresh bleeding fail to appear.

Fontio's technic of spraying or injecting the Coagulen solution at the site of bleeding is as follows. The area of hemorrhage is exposed by pressing a gauze mop on this site, quickly withdrawing it and immediately spraying or injecting the solution at the point of bleeding. In all instances Fontio<sup>5</sup> promptly applies a clamp if the Coagulen solution does not quickly check the bleeding, and permits this clamp to remain in place until the end of the operation, when it is removed and the styptic treatment is again instituted.

Fontio<sup>6</sup> believes that Coagulen is of particular usefulness in bone operations, in strumectomies and craniotomies, but de Tarnowsky achieved uniformly good results in a large variety of cases, including laparotomies, hernioplasties, nephrectomies, amputations and in gynecologic and plastic surgery. Kausch has found Kocher's blood platelets of value in laminectomy, the sacral rectal extirpations, and in amputatio mammae. He reports an operation on the hypophosis, done without the use of a single ligature. Kausch uses Coagulen for hemorrhage

following the enucleation of the prostate by the suprapubic route, and has also been able to check bleeding due to gangrenous portio-carcinomas, not only temporarily but permanently.

Coagulen solutions more than twenty-four hours old should never be used, since Kausch<sup>7</sup> has proven by bacteriologic examinations that these solutions are not sterile.

Caminitzer<sup>8</sup> has found Coagulen efficient in checking bleeding following tooth extraction. At my suggestion, W. F. Molt and Major George Guthrie, M. R. C., used Coagulen in two instances to check hemorrhage from the mouth. Molt's case had been oozing blood since a tooth extraction, done four days before. All other measures had failed to check the bleeding. He packed the cavity with Coagulen gauze and the bleeding stopped, but returned the next morning. Repacking with Coagulen gauze was done and 37.5 grains of Coagulen given subcutaneously. The patient was a haemophilic and both paternal and maternal line of his family presented the same tendency.

Guthrie's patient had been injured in a motorcycle accident and had sustained a cutting injury to the face, involving a large area of the left buccal mucous membrane and the tongue. After four hours of bleeding, and when the usual measures had failed to check the constant oozing, Coagulen in 10 per cent solution (75 grains) was given subcutaneously and the bleeding stopped within one hour.

C. Habich, at my instance, used Coagulen subcutaneously in a case presenting bleeding due to a submucous fibroid uteri, the patient being 50 years of age. The patient bled all of September, 1917, but was free from hemorrhage during October and November. December 1st bleeding began again. Habich saw the patient for the first time on January 7, 1918, and ordered Epinephrin, minims 10, every four hours for twelve doses. The bleeding stopped January 12, but reappeared on January 23. A diagnostic curettage was

<sup>5</sup> Deutsch Ztschr. f. Chir. Bd. 117, 1912.

<sup>6</sup> Deutsch. Med. Woch., 1914, No. 52.

<sup>7</sup> Deutsch. Med. Woch., 1914, No. 15.

<sup>8</sup> Deutsch. Monatshft. f. Zahnheilkde, 1914, 3.

then done, the scrapings being negative for carcinoma. Hysterectomy was advised, but refused. The patient continued to bleed until February 18, 1918, at which time 37.5 grains of Coagulen was given subcutaneously in the morning and the dose repeated in the evening. There was no bleeding on the 19th, but it reappeared on the 20th. February 21st there was no bleeding, but a third dose of Coagulen was given (37.5 grains). There has been no bleeding in the following three weeks.

Colmers<sup>9</sup> has found a decided place for Coagulen therapy in his urologic work, and regards the preparation of distinct value in bleeding from the prostatic bed, following enucleation by the suprapubic route. My own observations force me to believe that a Coagulen tamponade of the prostate bed, following enucleation, will so effectually control any bleeding that mechanical devices for this purpose

Fonio<sup>10</sup> and Kocher<sup>11</sup> believe that Coagulen-treated wounds heal more rapidly than those not so treated, while Kausch does not incline to this view. I have compared a like number of cases, of about the same variety so far as was possible, of non-Coagulen treated cases, with the Coagulen-treated cases here reported, but have been unable to observe any particular acceleration of healing, with the exception that subfascial and subcutaneous hematomata, the bete noir of the surgeon, did not occur in the Coagulen-treated cases in any instance.

As regards the limits of the field of Coagulen usage at the operating table, Kausch has reached a position where he does not ligate any but the largest arteries; for example, the epigastric. Other foreign surgeons appear to have adopted the same technic. It appears to me that transfixion by means of small, plain catgut, which only permits a small piece of catgut to remain in the wound, and a

small needle which does not lacerate much tissue, offers a two-fold advantage over Coagulen usage after Fonio, namely, a saving in operative time and a higher degree of safety.

#### Conclusions.

1. Coagulen definitely intensifies and accelerates the complicated process of coagulation, no matter whether applied locally or given subcutaneously or intravenously.

2. Coagulen is a harmless physiologic hemostatic.

3. The preparation is decidedly useful in checking hemorrhage of whatever origin. It must be remembered, however, that the quality of the patient's blood is a criterion of the effectiveness of Coagulen, since the preparation merely adds a certain amount of thrombozym to that already present.

4. Coagulen is particularly useful for checking bleeding coming from areas which do not adapt themselves readily to mechanical methods of control of hemorrhage; for example, the cul-de-sac of Douglas.

5. The use of Coagulen for the checking of blood during operations should, in my opinion, be limited to Coagulen tamponade of oozing surfaces inaccessible to suture or mechanical control, and to local use in the subfascial and subcutaneous planes. Fonio's method of spraying or injecting Coagulen solution for the mastery of bleeding appears to me to be time-consuming and not to afford the degree of safety of ligation.

The ability of Coagulen to replace transfusion as a procedure to arrest hemorrhage is certainly debatable. If a few doses of Coagulen do not promptly check the bleeding, transfusion is certainly to be done, although if Coagulen has been effective I believe that it is better to wait a day or two before the transfusion is performed.

7. Coagulen appears to be worthless in controlling hemorrhage issuing from beneath a slough.

#### Personal Experiences.

Case 1. Posterior no-loop gastroenterostomy and appendectomy, for duodenal

<sup>9</sup> Wein. Klin. Woch., 1913, No. 51. are unnecessary.

<sup>10</sup> Mitteilung a. d. Grenzgeb. d. Med. U. Chir., 1913, No. 11.

<sup>11</sup> Schweiz. Rundsch. f. Med. Bd. 14, 1913, No. 6.

ulcer and chronic appendicitis, respectively. Coagulen 10 per cent locally, checked oozing promptly in subfascial and subcutaneous planes. Suture anastomosis, with reinforcing of suture line by extra linen stitch, because of unusual vascularity of stomach and jejunum. Emesis of old and fresh blood in small amounts during first eighteen hours following operation. Then one large emesis of fresh blood. Coagulen 10 per cent (75 grains) given subcutaneously. No emesis for eight hours, when fresh blood in large amount was vomited. Coagulen repeated. No further emesis of blood. Recovery.

Case 2. Left forearm cut by glass of windshield of automobile. Cut was three inches long and laid bare tendons and muscles of arm, but did not sever them. All vessels which were bleeding had been ligated and also radial artery had been ligated before I saw the patient, who was a youth of nineteen years. I saw the man three days after the injury and the oozing of blood was continuous. Coagulen (10 per cent) gauze was applied locally and 75 grains of Coagulen was given subcutaneously. Epistaxis, which had been present for about twelve hours, was promptly checked and the oozing from the wound decreased considerably. Within a few hours, however, the oozing became as pronounced as it ever had been. Coagulen (75 grains) was again given subcutaneously, but failed to check the oozing. Transfusion was decided on. On examination the blood of the first donor (a brother) was unsuitable, being hemolytic. The blood of the second donor (a brother) conformed to the requirements and was used. A transfusion, citrate, method, of 250 c. c. of blood was done by Dr. B. Erdman and myself. The dressings were changed at the time of transfusion. There was no further bleeding. There was no known tendency to hemophilia in either patient or his parents. Recovery.

Case 3. Unilateral Schede for varicose veins. Coagulen 10 per cent locally. Capillary oozing checked quickly. No ligatures used. Healing per primam.

Case 4. Bilateral partial Schede for varicose veins. Coagulen 10 per cent lo-

cally. Capillary oozing promptly checked, but a few ligatures necessary to control skin vessels. Healing per primam.

Case 5. Excision of segment of a large varicose vein. Novocaine-Epinephrin anesthesia. Coagulen 10 per cent locally. Capillary oozing controlled very quickly. No ligatures used. Primary union.

Case 6. Cholecystostomy. Kehr's bogenschmitt used as incision. Oozing from cut muscle pronounced. Coagulen 10 per cent locally on gauze mop. Oozing checked quickly. Styptic treatment applied to subfascial and subcutaneous planes before closing abdomen. No hemotomata. Primary union.

Case 7. Removal of cystic left lobe of thyroid. Novocaine-Epinephrin anesthesia. Coagulen 10 per cent used extensively throughout operation. Capillary oozing practically nil. Coagulen gauze used as drain. Unusually small amount of drainage. Primary union.

Case 8. Right inguinal hernioplasty. Coagulen 10 per cent locally. Oozing checked promptly. No hemotomata. Healing per primam.

Case 9. Removal of lipoma of index finger. Coagulen 10 per cent locally. Coagulen controlled bleeding very effectively. No ligatures. Primary union.

Case 10. Left thoracotomy for empyema. Novocaine-Epinephrin anesthesia. Coagulen 10 per cent locally. Oozing controlled promptly. No ligatures. Recovery.

Case 11. Right thoracotomy for empyema. Novocaine-Epinephrin anesthesia. Coagulen 10 per cent. checked bleeding quickly. No ligatures. Recovery.

Case 12. Amputation of right leg at juncture of middle and lower third for gangrenous foot. Oozing pronounced. Coagulen 10 per cent locally produced only a moderate styptic result and ligatures were used freely. Recovery.

Case 13. Exploratory incision for possible depressed fracture of skull. Coagulen 10 per cent locally checked oozing promptly. Primary union.

Case 14. Curettage for retained secundines. Coagulen gauze pack in uterus. Resulting drainage unusually scant. Recovery.

Case 15. Right thumb, palmar surface, cut on automobile fender. Generalized oozing, but no cut vessel found. Usual dressing. Two hours later dressing saturated with fresh blood. No bleeding vessel to be seen. Coagulen solution 10 per cent applied, then Coagulen powder dusted on cut. Wet Coagulen gauze and bandage applied as dressing. No further bleeding. Primary union.

Case 16. Tonsillectomy. Coagulen (10 per cent solution) mop held in tonsillar bed for three minutes. Only moderate effect, as some oozing persisted. Recovery.

Case 17. Tonsillectomy. Coagulen mop to tonsillar bed, controlled oozing definitely. Recovery.

Case 18. Tonsillectomy. Coagulen mop quickly checked oozing. Recovery.

Case 19. Tonsillectomy. Good result from Coagulen mop to bed of tonsil. Recovery.

Case 20. Tonsillectomy and adenectomy. Coagulen mop controlled oozing from tonsillar bed quickly. Post-operative tuberculous pneumonia. Recovery.

Case 21. Infant, four days old. Circumcision at hands of family physician on the day after birth. Mucous membrane and skin had been united by interrupted catgut stitches. Wound oozing began at time of circumcision and had been continuous for two days. No bleeding vessel seen, but a generalized continuous oozing from suture line. Coagulen 10 per cent locally and Coagulen powder dusted on suture line; oozing continued. Coagulen 3 per cent, 3 c. c. given subcutaneously, and in three hours 1.5 c.c. more given. Fourteen hours later no oozing except at one point, which was locked with fine catgut. Ten c.c. of horse serum (dilute) given subcutaneously resulting in the two needle punctures bleeding profusely for one-half hour. Mother of babe has a hemophilic history. Recovery.

Case 22. Amputation for bilateral hammer toe. Coagulen 10 per cent locally, controlled bleeding promptly; no ligatures. Primary union.

Case 23. Excision of chondroma of ear. Coagulen 10 per cent locally. Only mod-

erate styptic action obtained. Recovery.

Case 24. Tonsillectomy and adenectomy had been done by an ear, nose and throat specialist, who supplies me with the following history of the case: Patient, eight-year-old boy. Oozing was continuous after the operation. The temperature was 105 twelve hours after operation. Streptococci and staphylococci were identified from a nasal and oral smear by the pathologist. A gray slough appeared within twelve hours on the tonsillar pillars, the tonsillar bed and in the post nasal space, but no diphtheria organisms could be found in the smears which were made. Antistreptococcus serum was administered. Thromboplastin (Squibb) had been used without effect. At the time Dr. B. Erdman and I saw the child, oozing was continuous and came from beneath the gray slough. Coagulen, 15 grains intravenously and 22.5 grains subcutaneously was given without any apparent effect. The child died the same evening.

Case 25. Dr. C. Banti's disease. Has had three different attacks of hemotemesis in last two years. Both maternal and paternal lines are decidedly hemophilic. While in his office suddenly began to vomit fresh blood at 3 p. m., and continued to do so until 1 a. m. In this period of time he had lost at least five quarts of fresh and old blood by emesis. I saw him shortly before 1 a. m. and while in the room witnessed him have an emesis of half a pint of fresh blood. I gave him 20 c. c. of Coagulen solution 3 per cent, intravenously, and 60 grains subcutaneously. There was no further emesis of blood. He became comatose late in the same day. While in coma he was given a transfusion of 500 c.c. of blood, Kimpton-Brown method, by Dr. Overshimer. This transfusion had been planned before I saw the patient, but inability to secure a suitable donor had caused a considerable delay. Following the transfusion the hemoglobin estimate was 50. The patient died forty-eight hours after his first emesis. The autopsy notes, as detailed to me by Dr. W. B. Kitchen, the patient's physician, are as follows:

"Brain, rather notable congestion from the retro-Rolandic areas forward, with



plastic exudate in the great longitudinal fissure. On section, macroscopic, normal brain. Congestion was present about the pons and the entire infra-cerebellar area. There were present six areas of former inflammations, two inches from the great longitudinal fissure. In each hemisphere, but posterior to the Rolandic fissures, there was an area of seeming degeneration.

"Lungs, negative.

"Left heart, slightly hypertrophied. Semilunar valves thickened, but with smooth edges. An irregular scar, one-quarter inch in diameter, was present in the left ventricle, indicative of a previous inflammation.

"Right heart, evidence of a recent dilatation.

"Liver, hemispherical in shape; two-thirds normal size. Macroscopic section showed blanching, but no apparent increase in connective tissue.

"Gall-bladder, V-shaped. The otherwise dependent portion of the gall-bladder was attached by extraordinarily dense adhesions to the liver at the left of the normal location of the viscus.

"Bile ducts, patulous.

"Pancreas, diminished in size and noticeably degenerated in appearance.

"Spleen, approximately four times the normal size; capsule pigmented and noticeably wrinkled in appearance, indicative of a recent marked diminution in the size of the organ. On cross-section, macroscopic evidence of marked increase of connective tissue, seemingly indicative of Banti's disease. (Subsequent microscopic examination of sections from the spleen confirmed the suspicion of Banti's disease.)

"Stomach, markedly diminished in size. Five or six coagula, one to three millimeters in diameter, found in gastric mucosa. These coagula occluded former bleeding vessels.

"Right kidney, normal in size and appearance.

"Left kidney, approximately two and one-half times larger than right kidney. No macroscopic pathology.

"Intestinal tract, in all appearances normal, other than nearly filled with coagulated blood and the presence everywhere of varices, especially the portal laterals, including the retrogastric and those of the entire colon."

320 Penway Bldg.

#### AN UNUSUAL PSYCHOPATHIC CASE.

By O. L. Stevens, M. D., Indianapolis, Interne Indianapolis City Hospital.

J. R., female, married, age 26, housewife, white, admitted to city hospital January 9, 1919. Assigned to the service of Dr. S. E. Earp.

**Complaint.** Acute indigestion, ptomaine poisoning with pain through upper abdomen in region of heart.

**Past Personal History.** Began menstruating at 14 years, always regular and little or no pain, full quantity, lasting three to four days. Diseases of childhood, good recovery. Influenza five months ago. No complication.

**Present Illness.** About April, 1915, patient had pain across sacral region and down inside of thighs and legs. This was two years and four months after the birth of next to last child. These pains in region of pelvis and legs caused patient

to quit factory machine work. She was able to walk upright and do housework. From April until July of same year patient took electric and serum treatments from her physician for what doctor and patient called rheumatism. During July she had intense pain in regions heretofore mentioned, and patient claimed that heart was violent and with each beat of heart legs jerked automatically. This attack lasted four days and apparently responded to hypodermic medication. On fourth night of attack lower extremities became on thigh and thigh on abdomen. This condition from July, 1915, to admission to hospital, legs and thighs apparently immobile. Pain remained until November, 1917, when the tonsils were removed while a patient at the Long hos-

pital and this was about thirty days after birth of child. While at the Long hospital legs were placed normal position during anesthetic and patient was strapped to bed. When on obstetrical table, legs were relaxed but contracted again when removed to bed after birth of child and continued so. There seemed to be a slight protuberance in the sacral region. X-rays made some suspicion of suppuration in or near protuberance but uncertain and it was interpreted as a slight separation of sacroiliac joint. But the attack in July, 1915, was two years and four months after birth of previous child and about two years and three months before birth of last child, hence there seemed no reason to conclude that the separation, if any, occurred at child-birth.

**Physical Examination.** Dr. S. E. Earp and the writer found immobile condition of thighs and legs and some evidence of protuberance at lower portion of sacrum. No pain except in an attempt to forcibly remedy position of limbs, there was a suspicion of being under control of will but questionable. We concluded that other details of physical examination would not warrant the consideration of a pathologic lesion of brain or cord and that the general condition was psychic in character with an intimate relation to hysteria. Laboratory examination negative. Dr. Earp asked Dr. C. F. Neu, who was on neurological service at the hospital, to see the patient and his findings on the chart are as follows: No flexion or extension of thighs on hips. No disturbances of reflexes. No disturbances of sensation. No paralysis but contracture. Is no peripheral nerve lesion. not spinal cord lesion, no gross brain lesion but is psychical contractures of muscles, a defense reaction.

For a short period some drug sedatives were given, bowels kept open and good nourishment.

In psychopathic treatment she was by direct firmness and confidence, disarmed of certain pronounced opinions held by her relation to social relations of certain members of her family. When conviction was brought about improvement was

manifest. Passive motion now and heretofore failed but exercise has been helpful and the patient is now able to walk anywhere in ward, assist in care of patients and will be dismissed in few days.

#### GIVE THE BOY A CHANCE.

Someone has said "Count no man happy until he is dead." We may also say, Judge no boy by his failure until he has had his chance. A contemporary publication, *Tit-Bits*, is authority for this:

Isaac Barrow, who turned out so splendid and noble-hearted a man, was, when a boy at Charterhouse, notorious chiefly for his stormy temper, proverbial idleness as a scholar, and pugnacious habits; and such unhappiness did he cause his parents that his father was wont to declare that "if it pleased God to take from him any of his children, he hoped it would be Isaac."

When the Duke of Wellington was a boy he gave his mother so much trouble that on one occasion she bitterly exclaimed, when asked what his future was to be: "He had better go into the army. A lad like that is only fit food for the bullets!"

#### Such a Question.

The doctors were holding a consultation beside the bed of a man who was supposed to be harboring a diseased hip bone.

"I believe," said one of the surgeons, "that we should wait and let him get a little stronger before cutting into him."

Before the other prospective operators could reply the patient turned his head and remarked to the nurse:

"What do they take me for—a cheese?"  
—Chicago Record.

#### Why So Careful?

Singer—Our family doctor gave me something to use for my throat just before I sing. It's powerful I'm sure, because he told me to beware of an over dose.

He (aside to Miss Caustique)—What cautious old fools some of these family doctors are!—Texas Medical Journal.

# INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

## EDITORIAL

**SAMUEL E. EARP, M. S., M. D., Editor-in-Chief.**

**ALEMBERT W. BRAYTON, M. S., M. D., Editor.**

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### A MEMORIAL TO DR. TRUDEAU AND COMMENT ON LIFE OF DR. THEODORE POTTER.

Thirty-seven years ago Edward Livingston Trudeau was stricken with consumption. His physicians held out no hope to him. By nature a man of the woods and a huntsman, he turned instinctively to the mountains for peace and quiet until the inevitable end should come.

He bade his little family farewell, thinking never to see them again, and made his painful way high up into the Adirondack Mountains. There, as the world long has known, Edward Trudeau found, not death, but renewed life and fame and such love of his fellow-men as is given to few of us.

At Saranac Lake, the little village in the Adirondack Mountains of the State of New York, where he settled, young Trudeau discovered what air and sunshine and rest will do toward curing a tuberculous patient. His discovery revolutionized the medical world, and made possible the saving of thousands of persons stricken with the dread disease.

Then followed years when he was mocked by the medical profession and sneered at by the bigoted. Years of struggle they were, that took sublime courage to keep the spirit from swooning. Trudeau fought on, always hopeful, always cheerful and optimistic.

After bitter years of hardship and disappointment, Trudeau's Cottage Sanato-

rium was established. His genius was recognized. Saranac Lake, the home of one of America's greatest humanitarians, has since become known the world over. In this village five thousand tuberculous patients are housed today. Daily, arrested cases of disease or complete cures are sent back to their folk at home, again to resume work in the world.

Since the establishment of the Trudeau Sanatorium three thousand men and women have been restored to health and their place in the world. Hundreds more, living in the village, are healed and taught that life is worth the living.

Three years ago Edward Livingston Trudeau died. The loss of him to patients and ex-patients of his was irreparable. They mourned in sincere grief, and sought somehow to honor his memory in a way that would live forever. A fund of nearly \$4,000 was subscribed by them, and Gutzon Borglum, the sculptor, was engaged to execute the bronze figure of the "Beloved Physician."

On a quiet, sunny afternoon in August, 1918, fifteen hundred patients and ex-patients of the sanatorium invited those who knew and loved him to gather at the unveiling of the memorial to Dr. Edward Livingston Trudeau. Among those that gathered to pay tribute to this man were some of the most noted men and women of the age.

The memorial was erected on the grounds of the sanatorium, facing a glo-

rious view of mountain and forests. The figure is of bronze, with seats and base of Tennessee marble. On the face of the pedestal one reads:

EDWARD LIVINGSTON TRUDEAU  
Those Who Have Been Healed in  
This Place  
Home Put This Monument Here  
A Token of Their Gratitude  
August 10, 1918

On the reverse of the pedestal is given a favorite quotation of Dr. Trudeau's:

"Guérir Quelquefois  
Soulager Souvent  
Consoler Toujours."

(To cure sometimes, to relieve often, to comfort always.)

The memorial services were very simple, sincere, and touching.

Dr. Edward R. Baldwin headed the reception committee. Introductory remarks were made by Dr. Walter B. James, of New York. Presentation of the statue by a former patient followed. The oration was by the Rev. Philemon F. Sturges, rector of Grace Church, Providence, Rhode Island. Dr. Francis B. Trudeau (only surviving son of Edward Trudeau, now a captain in the Medical Reserve Corps), unveiled the statue. Then followed the placing of wreaths on the memorial by a staff of nurses from the sanatorium and the benediction by the Rev. William B. Lusk, rector of St. Stephen's Church, Ridgefield, Connecticut.

This memorial by Sonia Ureles, from "The Outlook" of February, reminds the writer of the work of Doctor Theodore Potter, of Indianapolis, who was to us in Indiana, for a period of nearly twenty years, our fellow worker in the care and—more important—the cure of tuberculosis.

"All can have the flower now, since all have got the seed," the old rhyme says, and Theodore Potter certainly was one of the earliest sowers of what brought to us a great harvest for good. I can see him now as he rose in our state society twenty years ago and made answer to an address of Dr. R. French Stone, in which he strenuously opposed the doctrine that tuberculosis is an infective or contagious

disease. And then and there Dr. Potter made the earnest and scientific discussion that endeared him to our medical profession. By his work as a teacher and writer he saved in our state more than a thousand lives. He saved others, but alas! himself he could not save.

When Dr. John Oliver called him to see a member of his family, Dr. Potter replied over the phone that he was making no calls—that he was an invalid himself. "What is the matter?" asked Dr. Oliver. "I have tuberculosis," said Dr. Potter in a positive and almost cheerful voice. "What form?" asked Dr. Oliver. "The affection is in the thyroid cartilages," said Dr. Potter. "And what are you doing for it?" The answer was prompt. "Oh, I have stopped smoking, am taking milk abundantly, and absolute rest, and when I am tired of resting in bed, I walk the floor of my garret." How brave, and yet how pitiful it seems—his speaking of himself as though he was talking of another person. Dr. Oliver prevailed upon Dr. Potter to go to Saranac Lake, where Dr. Loomis, of New York, had sent Dr. Trudeau when he was seized with the disease. Dr. Potter knew Dr. Baldwin and Dr. Trudeau; he had visited the sanatorium and had sent many patients there. But in spite of the best of care and the tenderest sympathy, he made no improvement, and came home to die in less than a year after his first open attack.

The writer hopes this note will meet the eye of those of the first class who were under Dr. Potter's teaching in the old Indiana Medical College; those who assisted in inoculating the first rabbit by introducing the sputum in the scratched eye of a rabbit, and as it passed on into general tuberculosis, and finally was chloroformed, were each given a little white tubercle from the venous crossings of the mesenteric membrane. There were hundreds of these little magazines of death, white and pearl like, and not larger than half of a flax seed. These were crushed and stained, and for the first time in the history of medical laboratory teaching in Indiana medical colleges, the growth and development of

tuberculosis was demonstrated.

The writer of this little memoir has been teaching medicine in Indiana schools for forty years. He gave over the teaching of chemistry and toxicology to Dr. Phil Baker, of De Pauw University, and thus benefited the Indiana Medical College, as he had given over the same work to Dr. S. E. Earp in the old Central College of Physicians and Surgeons, three years before. Then he taught physiology for several years. When he, one day, saw Dr. Frank Morrison smiling and talking in the class-room, sitting among the students, he turned over to him the "Chair of Physiology"—and again the college was benefitted. But the writer hung on to the teaching of bacteriology and histology, finally inducing the late Dr. E. F. Hodges to leave the dental college and devote himself to the histology.

The last chair of all that he gave up was the bacteriology, which Dr. Potter took and illuminated for nearly twenty years.

Then the writer devoted himself to general medicine in the city hospital clinics and also to dermatology and syphilis, which department of teaching he still is honored by permission to continue in them until the passing years shall cry "Enough". And in all these years, notably the latter decade, he has worked in sympathy with the medical journals of Indiana as editor and writer for some thirty-five years. This note would not be complete if it did not close with the statement that in the last decade he has had the pleasure of editorial relationship with Dr. Samuel E. Earp, in connection with the Indianapolis Medical Journal. To medical education in Indiana and to the upholding of the medical interests of the Indianapolis and Indiana medical profession, Dr. Earp and myself are pledged.

And so we close with the beautiful verse of Kipling:

"Hear now a song—a song of broken intervals—

A song of little cunning; of a singer nothing worth.

Through the naked words and mean  
May ye see the truth between  
As the singer knew and touched it in the  
Ends of all the Earth."

A. W. BRAYTON.

#### A DESCRIPTION OF SOME OF THE FEATURES OF THE INDIANAPOLIS CITY HOSPITAL.

The Indianapolis City Hospital has too few visitors. A majority wait until there is an opportunity to visit a sick relative or friend. Many doctors and others are quick to condemn on hearsay testimony and do not appreciate that it is a great asset to Indianapolis. Few have seen the halls of art. These are the wards showing the work of noted painters. Few know how this hospital is conducted, and are ignorant of how great a boon it is to humanity. It is better to support rather than "cry down" but this can only be done by our citizens familiarizing themselves with this institution. Every one is welcome.

There are few hospitals in the middle west that are as interesting, or have as much history connected with them as the City Hospital of Indianapolis.

The history of the origin and progress of the hospital tells of an epidemic of smallpox in the early '50's which brought the realization to the medical profession of the necessity of some way to meet the needs at such times. Dr. Livingston Dunlap, a member of the city council, was the forcible factor in getting a site selected and bought, and the money appropriated for a hospital. The site chosen was the present one and the first building was erected in 1859 at a cost of \$25,000.00, but a stubborn city council refused to appropriate money for the equipment, and for a time the building became known as "Dunlap's Folly." The Civil War came a little later and the governor chose Dr. J. M. Kitchen and Dr. P. H. Jameson to care for the unorganized troops which came pouring into the city. The care of the troops in camp were taken over by Dr. Jameson, and the hospital by Dr.

Kitchen, and he conducted it through the entire period of the war, from May 1, 1861, to June 15, 1865. During this time almost thirteen thousand wounded and sick soldiers were treated at this hospital, and as Indianapolis was only a town of twelve thousand inhabitants it was quite an undertaking. So year after year, stone on stone, the hospital has grown apace, and holds a place in the state held by no other hospital.

The hospital is situated on a pleasant site on the south bank of Fall Creek: Beautiful shrubbery outlines the high iron fence enclosing the grounds. Upon entrance one is met by a genial doorman. All walls are painted a soft ivory which is very restful, and everywhere gives evidence of good care. The admitting rooms claim our first attention; here patients are brought in by ambulance, some very sick, some injured, and so on through all the routine of hospital cases; some walk in; in fact they come in in numerous ways. An attentive nurse and interne take charge of the case and he is assigned to the ward caring for his particular ailment; and of course a record is made of each case. The X-ray department is quite interesting and the well filled files testify to the large amount of work done here. The surgery, in its dazzling, immaculate white enamel, and nurses in their long white operating gowns, and the cases of shining instruments, make up one of the vital points of this busy institution. Here the mechanical section of the profession do their wonderful work, and it seems at times that miracles are performed; the sure, deft, quick hand of the surgeon is fascinating, and the calm, stillness of the nurses inspires confidence.

We next visit the Burdsall Memorial building; the walls are adorned with remarkable frescoes, the work of several artists of this state and others who gave their art and time and labor in the hope that they might bring a note of cheer and beauty into the lives of those cared for there. The children's ward has pictures from nursery rhymes, fairy tales, and all the bird and animal friends of little folks; there are also portraits of different nationalities down the walls above the long

rows of white crib beds. One ward with high cathedral arches and large windows all around has paintings depicting the Life of Christ. One ward has wonderful pictures of the four seasons; the fresh, brilliant colors of spring; the maize and blues and greens of summer; the gorgeous colors of autumn; and the light and shadows of cold winter.

We pass from this into another building containing the contagious wards; all such cases are cared for except small-pox; here in the numerous rooms the various cases are isolated, and cared for in the most approved manner for the protection of all concerned. The venereal ward, conducted by the government in the war on the social diseases, makes one want to help in every possible way to make the coming generations clean from a medical standpoint. This can be done by education.

The Social Service Department is new in this hospital, but its influence is beginning to be felt, and it is doing especially good work in connection with St. Margaret's Guild in the sponsoring of the children's ward; homes are found for babies, children and old people; in fact the possibilities of this department are endless.

The office is a busy place: statistics are kept, and complete records are preserved of all patients, so at any time a record may be referred to if occasion arises. The girl at the switch board is one of the busiest of the busy of the institution.

The dietary department is now in charge of a graduate dietitian; and the courses in dietetics for the nurses are given here, and the special diets are all prepared by these nurses under the proper supervision.

The nurses' home must be mentioned and it is surely a satisfaction to find such attractive quarters; the rooms are all large and airy, and comfortably furnished. The assembly is a spacious room where the pupil nurses are at liberty to entertain their friends, and where they enjoy dancing to the music of the Victrola when they are off duty. The class-room is a well equipped one, and here doctors give their time to lecture to the nurses on all

subjects which brings the school's curriculum up to the standard for state registration. This school is recognized by all state boards of registration, and was established in 1883, and is the oldest training school in the state, and one of the oldest in the United States.

Any young woman contemplating taking up the ennobling profession of nursing would find it worth her time to visit the institution, and learn the advantages of training in a general hospital, and one which gives the broadest education.

Nursing is one of the most beautiful and tender of all the arts of life; the very word holds a bountiful and spacious significance. One can not hand the art of nursing out to anybody; the tools of nursing are simple enough but the range of sources from which they are drawn must be very wide, and their uses perfected by long and arduous effort: senses and perceptions must be trained to their finest adjustments, then nursing becomes rich and beautiful, with the idea of nourishing and tending, and never in the world's history has woman been so wanted as the trained nurse is wanted now.

S. E. E.

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#### THE PHYSICIAN AND THE INCOME TAX AND BUSINESS METHODS OF PHYSICIANS.

The present federal income tax law, however unpopular it may be, bids fair to improve the business methods of physicians, and to throw a light on the question of the doctor's income. It is too common for a physician to regard his cash receipts as his income. A physician, when asked how he is getting along will say, "I took in \$6,000 last year." or "I did \$10,000 worth of business." Practices are advertised for sale on the same basis. Yet this is not the true income any more than are the gross receipts of a grocer or a dry goods merchant. Any business man who regarded his total cash intake for the year as his income would be considered by his business associates as headed for the bankruptcy court or the lunatic asylum. The business man knows that out of his gross receipts must come his

operating expenses, insurance, depreciation, replacement of stock, and interest on investment before he can even begin to estimate his profit for his year's work. Yet prior to the passage of the present law, the great majority of physicians would have been unable to estimate their income on any other basis. Few physicians, except city specialists with offices separate from their homes, have been in the habit of separating their business from their family and personal expenses. The income tax law has made it not only necessary, but also highly profitable for us to keep books more carefully than we have heretofore done, since exemption is allowed for all legitimate professional operating expenses. This calls for definite figures as to the amount spent for office rent, attendants and maintenance, drugs and surgical dressings, maintenance of automobile or other conveyance, medical periodicals, associations and meetings, etc. In a word, it requires us to estimate the cost of carrying on our business, and the difference between this and the gross receipts. Many physicians who have heretofore been entirely ignorant of what their business was costing them have been surprised to learn that their real professional income was one-third or one-fourth what they had supposed. The income tax, in its present form at least, is a war measure, and few, if any, will regret its disappearance or material modification; yet if during the time that it is in force we learn to keep systematic records of receipts and expenditures, it will have taught a most important lesson.—*Jour. A. M. A.*, Jan. 11, 1919.

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It is well that our attention should be called to the carelessness of the average physician in keeping a record of his accounts. The braggadocio in the atmosphere will cease. Statements upon the witness stand will perhaps be more accurate. In a case of accident insurance the loss sustained will require a carefully made estimate. The average physician is a poor money-maker. Collection of accounts show that the physician is at disadvantage in comparison with men in

other professions. Suits are less frequently instituted and the people do not expect it. It seems wrong that the physician does not receive his compensation promptly as in the case of those in other avenues of trade. Perhaps with the passing of the family physician medicine will become a profession conducted on business principles. However, if this is true then the relationship between physician and family will change. Under these circumstances a physician would be accused of being in business for duty and money only. The time has not arrived when physicians can force the payment of bills or demand cash when service is rendered as is true with the general tradesman. But physicians can do better than they now do in the collection of bills. The refusal to render service to the sick in time of need would be recognized as heartless and censure would come from the general public. The true physician does not let the paltry dollar, only, guide him, and yet there is often the loss of an account because it becomes an old one and this is often due to the neglect of the physician. There is now one great advantage that is a help to a physician. The worthy poor are taken care of by competent persons who are paid for it. Dispensaries have the best men at the head of them and no person need suffer from inefficient medical attention. The Indiana University School of Medicine has a contract with the city to give medical attention to the poor for something like \$12,000 per annum and it costs the school about \$1,000 more. This is a fair example so far as city work is concerned. No doubt the smaller towns care for their poor equally as well. Many of the smaller towns have free hospitals. If physicians will take these facts into consideration, a greater number will be compensated for the service rendered.

The income tax has been an incentive to compel many to adopt business methods and is thus an advantage.

Other expenses may fall to the lot of the physician. It has been suggested that the government and the states may charge a license fee, perhaps an increase in the anti-narcotic license fee, the legis-

lature may charge an annual registration fee and there are hints of others. There are arguments pro and con, but until such bills become laws and their features known, it is not an opportune time to condemn them. As a finale, let us suggest that physicians be more careful in their business methods.

S. E. E.

#### MEDICAL SECTION OF THE COUNCIL OF NATIONAL DEFENSE.

Physicians should co-operate with the medical section of the Council of National Defense. What we say hereafter comes as authority from that body. A complete record is desired and this is to interest of every physician.

Early in February each physician in the United States, exclusive of those who served in the Medical Corps of the army for the past two years and members of the Volunteer Medical Service Corps, received a communication from the Council of National Defense, requesting that he fill out and return promptly to the Washington office an accompanying questionnaire, so that there may be on file in Washington complete individual information covering the members of the profession. Simultaneously with the distribution of these questionnaires, state and county representatives of the Volunteer Medical Service Corps were instructed to urge all doctors in their communities to comply promptly with the request of the council to fill out and forward promptly to Washington the blanks sent them; and to advise those who by any chance failed to receive blanks, to communicate with the Council of National Defense at once in order that application blanks might be furnished them.

The Volunteer Medical Service Corps was organized early in 1918 to serve the government during the emergency of war. As this emergency has ceased to exist, active membership in the corps is no longer solicited. However, the survey initiated by this organization last year has proved of such value as a source of information concerning the individual members of the medical profession that the surgeons general of the army, navy



and public health service have requested the Council of National Defense to complete it so as to include every doctor in the country, in order that a permanent record of the profession may at all times be available for reference in future emergencies. Upon their completion, the records will be transferred to the surgeon general's library where they will be kept up to date by a force assigned for the purpose, and be accessible to all government bureaux.

Every physician is requested to cooperate with the Council of National Defense in making this record complete by returning at once the questionnaire received or by writing to the medical section of the Council of National Defense, Washington, D. C., and requesting that a blank be sent him if through an oversight he did not receive one.

#### THE HAND OF LINCOLN.

Look on this cast, and know the hand  
That bore a nation in its hold:  
From this mute witness understand  
What Lincoln was—how large of mold.

The man who sped the woodman's team,  
And deepest sunk the ploughman's share,  
And pushed the laden raft astream,  
Of fate before him unaware.

This was the hand that knew to swing  
The ax—since thus would freedom train

Her son—and made the forest ring,  
And drove the wedge, and toiled  
amain.

Firm hand, that loftier office took,  
A conscious leader's will obeyed,  
And, when men sought his word and look

With steadfast might the gathering  
swayed.

No courtier's, toying with a sword,  
No minstrel's laid across a lute;  
A chief's uplifted to the Lord  
When all the kings of earth were  
mute!

The hand of Anak, sinewed strong,  
The fingers that on greatness clutch;  
Yet, lo! the marks their lines along  
Of one who strove and suffered much.

For here in knotted cord and vein  
I trace the varying chart of years;  
I know the troubled heart, the strain,  
The weight of Atlas—and the tears.

Again I see the patient brow  
That palm erstwhile was wont to  
press;

And now 't is furrowed deep, and now  
Made smooth with hope and tenderness.

For something of a formless grace  
This moulded outline plays about;  
A pitying flame, beyond our trace,  
Breathes like a spirit, in and out.

The love that cast an aureole  
Round one who, longer to endure,  
Called mirth to ease his ceaseless dole,  
Yet kept his nobler purpose sure.

Lo, as I gaze, the statured man,  
Built up from yon large hand, appears;  
A type that Nature wills to plan  
But once in all a people's years.

What better than this voiceless cast  
To tell of such a one as he,  
Since through its living semblance  
passed

The thought that bade a race be free!  
—Edmund Clarence Stedman.

#### KNOWLEDGE AND WISDOM.

Have oft-times no connection. Knowledge dwells

In heads replete with thoughts of other men;

Wisdom in minds attentive to their own.  
Knowledge—a rude, unprofitable mass,  
The mere materials with which Wisdom builds,

Till smoothed, and squared, and fitted to its place—

Does but incumber whom it seems to enrich.

Knowledge is proud that he has learned so much;

Wisdom is humble that he knows no more.

—William Cowper.

## ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators.

### TREATMENT OF BELL'S FACIAL PALSY BASED ON 177 CASES.

After reviewing the subject of Bell's Palsy in the Medical Record for February 22, 1919, Leiner says:

The general practitioner who sees these cases early can appreciate what great benefit he can give his patient by immediate counter irritation in back of the lobe of the ear. Needless to state, cold should never be applied to relieve the congestion. Oppenheim tells of bringing on a Bell's palsy by applying ice to a patient of his who had tonsillitis.

Tincture of cantharides in flexible collodion is one of the best and most practical counter irritants. In Dr. William Leszynsky's clinic this is used as a routine measure in these cases. Unquestionably, the ultimate prognosis could in many cases be favorably influenced by this simple measure, if seen early.

Involvement of the orbicularis palpebrarum prevents the eye from closing entirely, which is not only an annoying and troublesome symptom but may cause a drying of the cornea, conjunctivitis, etc. The eye should be bathed in a mild, warm antiseptic solution, and if inflamed a 10 per cent. argyrol solution should be used. At night I instruct the patient to use a piece of cotton dipped in a mild antiseptic solution, which should be applied to the eye and covered with a bandage. During the day he uses a black piece of cloth or kid leather attached to a string to cover the eye. For very troublesome buccinator interference a metal hook can be placed under the upper lip, this in turn being attached to the cheek by means of adhesive plaster.

During the first ten days to two weeks no electricity should be given whatsoever. But about the end of this time a test should be made electrically to determine the amount of damage done. If faradic irritability is present in any degree, a more favorable prognosis is in store for

the patient. I have seen these patients get better within two weeks.

If the muscles do not respond to faradism, and galvanism shows a reaction of degeneration, the prognosis should be guarded, and it often takes from three to six months to improve. For treatment, the make-and-break circuit should be applied to the motor points of the face at least three times a week. From one to six milliamperes should be used. If, after several months, a tonic contracture of the muscles sets in, then all electricity should be stopped. Warm packs should be applied and effleurage should be given to aid relaxation, if possible. A professional masseur would be the best adjunct for this procedure. Balls placed beneath the cheek have been used, but I believe this helps very little to relieve this tonic contracture. Needless to state that the patient's general health should be looked after and improved whenever indicated.

If a case becomes chronic, that is, if after a year's treatment the condition is stationary, then the patient should resort to surgery. The facial nerve is severed and the central end is joined to the peripheral end of the hypoglossal nerve. There is, of course, a coincident paralysis of the tongue on one side, but this leads to very little interference either in speaking or eating, in view of the interlacing and intertwining of the muscle bundles of the tongue.

**Conclusions.**—1. Bell's facial palsy occurs comparatively more often on the right side; this is shown both anatomically and clinically.

2. It occurs twice as many times in the female as in the male.

3. It occurs more often between the months of April and September, inclusive.

4. Because of the last mentioned fact the primary etiological cause is exposure, and this factor also enters in those cases occurring during the winter months.

5. Counter irritation should be the ear-

liest, and proves the most efficacious remedy if the case is a primary facial palsy.

6. All electricity should be immediately stopped when the first symptoms of contracture appear.

7. Electricity (galvanism) is the only treatment in chronic cases, and should be employed even up to a year after the onset of the paralysis, providing there is no tonic contracture of the musculature. The writer has seen cases that have gotten better after a full year's treatment.

#### TAPE WORM.

Tape worm cases of long standing have been successfully treated by taking eight grains of salicylic acid hourly for four hours, followed by a tablespoonful of castor oil. In half an hour after taking the oil the worm came away entire. In the morning fasting (having taken a light supper in the evening before), take filix mas, ethereal extract, adult three drams, followed in two minutes with castor oil, four and one-half drams; (may take a cup of coffee after the dose to remove the taste from the mouth). This is a sure remedy.—Medical Summary.

We have used male fern and while there may be some danger yet it gives good results if given cautiously. We do not care for pepo except in young children and it is not always reliable. thymol and kamala I rarely use. If I want a "cide" I use aspidum and if a "fuge" I use granatum. The latter has four alkaloids, the most important is pelletierine.

The tannate, dose 4 grains, is not so good as the preparation of Tanret.

In twenty patients consecutively pelletierine gave no failure. Later there were some failures on account of carelessness in the use of the preparation.

E.

#### SPASMOPHILIA—REPORT OF A CASE IN THE NEWBORN.

Spasmophilia in nursing infants is of uncommon occurrence, and in the newborn is exceedingly rare. It is for this

reason that the following case is of interest.

Baby K., male, was born June 9, 1918, of healthy parents. The father, a tailor, is 28 years of age, and the mother, whose duties are domestic, is 22 years old. So far as could be ascertained, there was nothing in the family history which would suggest a hereditary tendency toward spasmophilia.

This child, the first, was a full term baby, with a birth weight of 9 pounds. Delivery was normal. The hygienic conditions surrounding the home are fair, the family living in a well ventilated front room flat of three rooms upon the third floor.

The baby was seen four days after birth and the following history obtained from the mother:

Six hours after birth, when placed to the breast for the first time, the mother noticed twitching of the eye lids, and upon the following morning spasmodic contractions of the left side of the face, left arm and hand and left leg. These "spasms" accompanied by rolling upward of the eyes and twitching of the eyelids, recurred at intervals of every 5 to 10 minutes throughout the day and at nights when awake. They lasted for about a minute, during which time the infant would grow red in the face and "struggle for breath." Nursings at two hour intervals were always interrupted by these attacks. He was restless and wakeful at night, crying a great deal and starting at the slightest noise. There was no constipation—his bowels moving 3 or 4 times daily. The mother had an abundance of breast milk.

**Physical Examination.**—A well developed, well nourished infant in a state of "Status Eclampticus." Except for the symptoms arising from extreme nervous hyperirritability and slight bulging of the fontanelles; physical examination of head, ear drums, mouth and throat, neck, chest, abdomen, genitals and extremities, was negative. Clonic convulsions, beginning in left side of face, arm and leg on left side and rapidly becoming general, were observed at intervals of every 10 to 15 minutes. They lasted for one-half to

one minute, during which time the child lost consciousness. The bicipital and patella reflexes were greatly increased. Chvostek's sign was markedly positive, tapping over the facial nerve trunk being answered by contractions of the muscles supplied by both upper and lower branches of the nerve. Trousseau's sign was positive.

**Treatment.**—Except when nursing, the mother was advised to keep her baby out of doors the entire day—to nurse the baby at 3 hour intervals and to give 5 grains of calcium lactate in solution every 3 hours. Sodium bromide prescribed by the family physician was continued and warm baths recommended.

During the following 24 hours the baby had only three convulsions and has had none since that time—a period of over two months. He now appears normal in every way, weighing 11½ pounds. Neither Chvostek's nor Trousseau's phenomena are present and tendon reflexes are not exaggerated.

**Discussion.**—Since Spasmophilia is with little doubt due to a faulty metabolism of mineral salts, especially of calcium, calcium has theoretically been administered, usually as the lactate or chloride. This would seem rational therapy, since the brains of infants having spasmophilia have been found to be deficient in this salt, and furthermore these children possess a negative calcium balance.

Breast milk, given to spasmophilic infants who are artificially fed, is almost always a specific remedy for the condition. The rapid recovery of the infant, whose case is reported above, and who was obviously born with a negative calcium balance, most probably had this balance restored by the salts received through the mother's milk—rather than from the calcium lactate administered as a therapeutic agent.—*Root in Charlotte Medical Journal, February, 1919.*

#### CARDIAC AND MENINGEAL COMPLICATIONS OF MEASLES.

It is not perhaps a generally recognized fact that measles attacks the car-

diac serosa, but such is the case, although in a much smaller percentage than other eruptive fevers, such as scarlet fever and variola, which should in this respect be placed first upon the list. Unfortunately, most writers on the subject do not state in what proportion they have observed these complications, but in Carrieu's service at Montpellier there were four cases out of a total of four hundred cases of measles, therefore 1 per cent. Of these four cases of pericarditis one presented an endocarditis as well. There is no doubt but that these cardiac complications of measles are frequently overlooked because their evolution is silent and their commencement often overshadowed by the general symptoms of the measles, for it is at the height of the infectious process and usually in the more serious cases that the cardiac serosa becomes involved.

There may be some pain in the region of the heart, dyspnea, palpitations, and a recrudescence of the fever, but in many cases none of these functional symptoms is present and the physical signs alone exist and can be detected only by very careful auscultation. There are frictional sounds and more or less distinct murmurs, almost always accompanied by tachycardia, and frequently irregularity of the cardiac contractions. When these complications arise during convalescence, their progress is also insidious and their gravity moderate. For these reasons they are overlooked, but the persistence of the dyspnea and cough after cessation of the pulmonary accidents should draw the physician's attention to the heart. Sometimes a pericarditis or an endocarditis undergoes its evolution at the same time as a complicating broncho-pneumonia or a serofibrinous pleurisy, and this has led some to maintain that the cardiac lesions are secondary to the pulmonary process. But in the cases where no pleurisy exists a metapneumonic origin of the pericarditis can not be admitted because the pleura would have become the seat of the inflammatory process before the pericardium, and cases of unquestioned authenticity have been recorded where no pul-

monary lesion existed and the cardiac lesions were primary.

As to the gravity of cardiac complications of measles, it is rather a delicate question to solve, given the variety of the lesions, but it goes without saying that a pericarditis with a large fluid collection is far more dangerous than one in which there is merely a localized fibrinous deposit which may escape notice. A dry pericarditis or one with a serofibrinous collection has been more commonly met with, and no case of purulent or hemorrhagic pericarditis complicating measles has to our knowledge been recorded. The endocarditides are of either the ulcerating or vegetative type and are extremely rare.

Notwithstanding the rather considerable number of cases of meningeal complications of measles to be found in medical literature, the question is still rather obscure. In the first place, a classification of the case is necessary, namely: (1) The meningitides due to the virus of the measles, and (2) the secondary meningitides due to a pericranial suppurative lesion, particularly an otitis media. The latter are so well known that they are of less interest, and it is to the first class that attention is to be particularly called. Most of these offer the vulgar symptoms of meningitis, viz., headache, delirium, convulsions, contractures, etc. But usually the symptomatology is incomplete and also lacks autopsy proof. And, what is more, when an opportunity to perform an autopsy has been offered, the lesions generally have had little which was characteristic (meningeal and cortical congestion, very intense venous stasis, etc.). But in no case has a microscopic or bacteriological examination been made, and we are unaware of any instance in which during life lumbar puncture has been resorted to. Nevertheless, this complication of measles does actually exist without any question. Its clinical evolution varies extremely, but death is the usual outcome after a lapse of time common to the meningitides in general and accompanied by the usual phenomena.—*Editorial Medical Record.*

#### INFLUENZO-PNEUMOCOCCAL AND INFLUENZO-STREPTOCOCCAL SEPTICEMIA.

Abrahams, Hallows, and French published a paper on "Purulent Bronchitis, Its Influenzal and Pneumococcal Bacteriology," in conjunction with Dr. John Eyre, in *The Lancet* of September 8, 1917, drawing attention to the anomalous character of many of the cases of "pneumonia" that were encountered in the Aldershot Command during the years 1915, 1916 and 1917. They felt that "pneumonia" in the sense of true croupous lobar pneumonia, was a misnomer in connection with many of them. The "purulent bronchitis" type of certain of these anomalous cases that had up to that time been returned generally as "pneumonia" is now familiar to most army physicians, but at the time of these investigations and those of Hammond, Rolland, and Shore, the bacteriological nature of this severe purulent bronchitis, with its remarkable heliotrope cyanosis, abundant sputum, and high mortality, was not recognized generally.

Though it was occurring in the form of multiple small epidemics in France and in England, there was then no generalized epidemic to lead to the suspicion that it had an influenzal basis; and it was as the result of extended bacteriological research, intravital and postmortem, and not from the observation of clinical phenomena, that its causation was found to be primarily influenzal, with symbiotic or secondary invasion of the respiratory tract and circulating blood by either pneumococci or streptococci, the virulence of which, it seemed, had been so exalted by the coexistence of influenza bacilli that they caused death in a high percentage of cases by reason of a veritable pneumococcal or streptococcal septicemia.

The condition, though labeled "purulent bronchitis" on account of the dominating characteristics—viz., the severity of the chest symptoms, and particularly the appearance and quantity of the sputum—seemed to us, even at that time, to be an "influenzo-pneumococcal" or an "influen-

enzo-streptococcal" septicemia, with a prominence of lung symptoms rather than a purely pulmonary disease. The question of the relationship of the streptococci to the pneumococcal cases is elaborated later in this paper, but it may at once be stated that there is now much evidence in favor of the view that the streptococcal organisms described in certain epidemics may be really pneumococci growing temporarily in streptococcal form.

In *The Lancet* of January 4, 1919, the same authors publish a long and exhaustive article on this subject, on which the following are the conclusions:

1. The recent pandemic of influenza has included a large number of cases of septicemia or toxemia, with a high degree of mortality.

2. These severe cases appear definitely related to the cases of "purulent bronchitis" which have been described as occurring in various parts of the country and in France. The essential feature is an infection by the *Bacillus influenzae*, with a secondary infection by some other organism. The existence of copious purulent expectoration is only an incident, which may or may not be present and which has been singularly absent in the recent pandemic.

3. The secondary organism in question is the pneumococcus, *Streptococcus pyogenes longus*, or a "diplostreptococcus," the virulence of which appears to be exalted by the initial influenzal infection.

4. The characteristic features of the septicemic type of case are variable lung symptoms, ranging from slight bronchitis to lobar pneumonia, very characteristic heliotrope lividity, dyspnea, or rather polypnea, and very rarely orthopnea. These, with other so-called complications of influenza, such as pleurisy, nephritis, and others of lesser import, are evidence of the septicemia or toxemia referred to.

5. The relative frequency of the septicemic type of case can not be estimated with any degree of accuracy. The mortality of the septicemic cases would appear to be as high as 90 per cent at the beginning of an epidemic, falling to 50 per cent at its termination.

6. Infection takes place in the upper respiratory passages, and involves the accessory nasal sinuses, where a septic sinusitis develops. From this and possibly other foci as yet undetermined the toxemia or septicemia originates.

7. In view of the large number of instances in which the diplostreptococcus has been isolated in pure culture from the heart's blood and internal organs immediately after death, it is concluded that this organism plays an important role in the fatal cases.

8. The very large majority of cases of influenza run an uncomplicated course, terminating in from three to fourteen days. No treatment has been found to be of any value in aborting an attack, or in preventing its development into the virulent type.

9. The large majority of cases of septicemic type die in spite of any form of treatment. Cases have recovered who have been given no specific treatment of any kind.—*Interstate Med. Jour.* for February, 1919.

#### PSYCHOTHERAPY IN INFLUENZA.

During the now receding influenza epidemic there has perhaps not been so much tendency to be facetious regarding the prevalence of the disease as has been the case in other instances. Several years ago an operation for appendicitis was considered to be a legitimate topic for serious discussion with others who had experienced it on the one hand, and good material for comedy in the humorous weeklies on the other hand. By some ingenious mechanism of compensation devised by nature the human race is consoled by misery if shared. If a hundred people in your neighborhood have influenza and you get it too it is not regarded as so great an affliction as if there were no epidemic and you alone suffered from it.

We shall not here go in any arguments regarding etiology. Whether Pfeiffer's bacillus, in spite of its Koch-less condition, or the streptococcus hemolyticus or some hitherto undiscovered organism, can be held responsible is still so doubtful that we only touch upon it. The fact re-

mains that there is some sort of infection which has ravaged the world, its victims presenting a more or less uniform clinical picture, one of the salient features of which is extreme prostration.

The type of physician who accepts uncritically every case of coryza, pharyngitis, bronchitis, and so on as a case of the "flu" can do an incalculable amount of harm. The nervous, apprehensive type of patient who shudders as he reads in the paper today of the hundreds who have died since yesterday—and, apropos, in times of an epidemic, newspapers should be prohibited from publishing these formidable lists—is creating within himself a condition of fear and depression which can not but be heightened when his family physician is ready to call any coincident malady the "flu." A desire to talk about the number of cases he has of the epidemic, a desire to impress the individual patient, a desire for imitation, all these things and perhaps other components enter into this phenomenon. At any rate, whatever the cause, the fact remains that many persons are literally frightened to death by an injudicious and indiscriminate nosology.

Let us then insist to our patients that even during a pandemic such as the one now subsiding every sick person is not suffering from it; let us tell them that while there may be a number of instances of the epidemic in our practice, there are many more patients who have not it at all; let us, in short, dispense reassurance instead of pathophobia.—Medical Record.

#### FOR ITCHING.

For itching in ano, any local itching, rub quinine into vaseline until as rich as it can be made, and with this anoint the parts; it gives instant relief. Flowers of sulphur one dram, with petroleum mass one ounce, mixed; or alum water (one dram to the pint solution); or baking soda (two drams to the pint, solution) applied, will allay almost any local itching.—Medical Summary.

We must not forget a very weak solution of carbolic acid. Pink lotion. Equal parts of hydrocarbon oil and milk of magnesia plus a few grains of menthol. Wa-

tery solutions fail because the natural oil of the skin is removed. For this reason the old remedy bicarbonate of sodium often fails. All of these may be used on the body in such conditions as urticaria. If there be a mucous membrane perhaps anesthesine or cocaine may aid. S. E. E.

#### THE PREVENTION OF DENTAL DISEASE.

Dental diseases for some time have been a fruitful subject for discussion. To an infected condition of the mouth and gums has been attributed a variety of diseases, more or less serious, and undoubtedly it is in this respect a factor of very considerable importance.

The causes of dental caries, according to Mr. J. G. Turner (*Journal of State Medicine*, September, 1918), have been shown by experiment to be two: (1) The presence of carbohydrates, starches and sugars; (2) the presence of germs. Carnivorous and grass-eating animals are free from caries. The Esquimaux used to be practically carnivorous, and it was found on examination of skulls from an old Esquimaux graveyard that they did not suffer from caries. But today they have added the fine flour and molasses to their dietary and are afflicted with caries.

It has been stated frequently by some authorities that masticating hard food acts as a preventive of tooth decay by giving the jaws exercise and that a great deal of the decay existing is due to the ingestion of soft pappy foods. However, Turner is inclined to throw some cold water on the theory and is of the opinion that big jaws and fine teeth are more a racial characteristic than a product of much use of the teeth. So far as diet is concerned, he points out that the eating of fruit decidedly cleans the teeth on account of its acid content.

With regard to the prevention of caries, Turner insists that the one essential is thorough cleaning, that is, every tooth which is exposed in the cavity of the mouth should be well rubbed once a day. The toothbrush must be supplemented by the use of waxed silk thread so as to

scour each interstitial surface. At all schools a nurse's time would be well spent in teaching and supervising the cleaning of children's teeth, and such teaching should be begun at the earliest possible age. It is urged that if this plan were conscientiously carried out much of the dental caries which now exists so widely would be prevented and at the same time the sequelae of prolonged dental disease would never occur. Turner lays down as the great principle of treatment that septic teeth are far more injurious than absence of teeth and that therefore the treatment of both caries and pyorrhea when well established should be carried on somewhat on the lines of forestry, removing some to isolate others. That artificial teeth are not a necessity is a statement with which many persons will find fault, although it is doubtless true that some of the mechanical dentistry which is undertaken nowadays does more harm than good. From the esthetic standpoint alone artificial teeth are more or less essential and the scientific dentist is as necessary for the proper conduct of the hygiene of the mouth as the all 'round hygienist and sanitarian is to the preservation and maintenance of the public health. The value of the dentist has been conclusively demonstrated by the war.—Medical Record.

#### PERIAPICAL ABSCESSES AND FOCAL INFECTION.

The following is an excerpt from an article by Earl in the *Journal-Lancet*, for February, 1919.

1. Why can we not treat these cases? Many good men believe it can be done successfully. Our experience would show that the treatment of a root abscess is not successful, as a rule. We have followed many of these treatment cases over periods of time only to find that the result we were seeking was not obtained. If there is present a heart, kidney, or gastro-intestinal condition, is it fair to risk the patient's health over a period of months, facing extraction most likely, in the end? The dentist who opposes

the removal of abscesses in such conditions must prove his contention, because it is opposite to all surgical teaching.

2. Regarding root-amputations: There are a few apparent successes, but the number is so few that we never recommend this procedure. It is permissible, for instance, in the case of a person who is sensitive about losing anterior teeth, as a trial; but usually later, if not successful, the patient is then reconciled to extraction. Here again the urgency of the disease is a consideration.

3. Are not the teeth needed for mastication? Is not this so important that it outweighs any harm coming from them? Dentistry is not so hopeless. Cunning mechanical devices permit good mastication, as a rule. Good clean plates are far preferable to masses of sepsis. There are cases where successful mechanical devices can not be substituted, and such cases should have due consideration.

We looked over our records for the year 1917, and found that at the sanitarium and our offices we, who have been especially interested in this subject, have had extractions done during the one year in over 400 patients. Of course, in most of these patients there were other procedures, surgical and medical, for we do not believe in hobbling the teeth at the expense of every other treatment. Yet we did find some 55 cases where practically nothing but the teeth were attended to.

To give the case-histories of 55 patients is obviously beyond the limits of time allotted me. They included types of visceral degeneration or inflammation, affections of the glandular systems, the body fluids, the skeletal structures, and the covering of the body. Clinically speaking, the results have been as satisfactory as any other regime we institute. In a few cases the results have been dramatic. In other cases results have come after a period of time. In the few cases in which we have seen no result, nothing else that we or any one else could have done promised help. All patients can not be benefited. I know of no medical "cure-all."



In preparing this paper I wondered what the general medical opinion is on this subject. The literature would give views extending over a period of years, but it is the literature of just the last few years, when the subject has been intensely under examination, that is of importance. What I wanted was the ideas prevailing now, in the month of March, 1918, after these years of test. I did not think of this till March 14, just ten days ago, when I sent to all Class A medical schools as listed in the directory of the American Medical Association, the following letter:

"I am interested in focal infections from the point of view of root-abscesses. Would it be too much trouble to write me of your opinion on this point?"

Twenty-eight definite replies were received. Three were not sure of their ground, and wished further investigation. Twenty-five, or 90 per cent, took a very positive stand as to the evils of diseased teeth.

The overwhelming opinion of advanced medical thought is, then, that apical abscesses are a serious source of infection. The higher the standing of the medical school, the more keen was its interest.

#### Conclusions.

1. Apical abscesses have been demonstrated as much as abscesses in any other location to harbor streptococci, and therefore to be possible sources of focal infection.

2. A proper perspective of the importance of periapical abscesses in a given case can be secured only by a most thorough general diagnosis at the hands of specialists in each branch, as so many other things can cause similar symptoms and retard the health of the patient. A case report of extraction is permissible only in the above light.

3. Thoroughness of extraction is of the same importance as thoroughness in the removal of any other focal infection.

4. Diagnosis requires considerable qualification, as the X-ray interpretation is difficult. A small shadow may mean a large abscess. One must remember the antrum and nerve openings.

5. The need of the teeth for mastication can be well met, as a rule, by mechanical devices, and, furthermore, the health of the patient is the prime consideration.

6. In a few cases our results have been dramatic, and, on the whole, as satisfactory as any other method of treatment we institute.

7. On those who would advise a departure from the generally accepted rule of "where there is pus evacuate," falls the burden of proof. In the light of proven bacteriologic and microscopic examinations over the entire country, it is a mighty responsibility to assume that periapical abscesses should not be removed by surgical means.

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#### LOCAL ANESTHESIA IN CHILDREN.

The following is an excerpt from an article by Farr in the Interstate Medical Journal for February, 1919:

In June, 1917, at the New York meeting of the American Medical Association, I reported having performed successfully with novocain, a number of operations upon young children, and showed a motion picture of a boy of five years undergoing an operation for inguinal hernia. All steps of the operation were shown, the lad amusing himself the while by drinking buttermilk and "making faces" at the nurses and the "picture man."

There is no reason to doubt that, relatively speaking, novocain is as safe in the child as in the adult. Moreover, the psychic element is less troublesome. To be sure, these little patients may be frightened at their new surroundings, and all very young ones have to be restrained by mechanical means until they learn that they are not to be hurt; but we very early learned that the restraint necessary during the introduction of novocain did not compare with that ordinarily found necessary when general anesthesia was being administered. A majority of those above four years of age submitted without mechanical restraint.

Operative procedures on a child must be carried out in a manner which might be appropriately designated as "steal-

thy." Failure may follow any overt act which violates the more or less clearly defined routine one must follow. For instance, I have found that the hasty or careless introduction of a retractor by an assistant who was not conversant with the method has caused a sharp contraction of the abdominal muscles, with a consequent extrusion of the intestines. This emergency necessitated the administration of ether in a boy of four years, upon whom I was operating for inguinal hernia, and who, up to the time that the assistant "gouged" him with the retractor, had not even needed restraint and had not made any outcry.

Another frequent cause of trouble is due to the assistant allowing the retractor to slip out of the wound. Such an accident will also cause a sharp contraction of the abdominal muscles, and should be avoided. In children most of the retraction is done by automatic wire retractors, or towel clamps, which eliminate these difficulties to some extent.

Preliminary hypnotics have been tried—paregoric in infants and pantopon hypodermically in older children—but the dosage and effects are so uncertain that little benefit is to be expected from this source.

#### Conclusions.

1. The psychic element is not so important in children as in adults when operating under local anesthesia.

2. Less restraint is necessary during the administration of local than during the administration of general anesthesia.

3. Much more tact and a more refined technic are required in operating upon children under local than under general anesthesia.

4. The margin of safety possessed by novocain over general anesthetics is as great in children as in adults.

5. A large percentage of bad risks should have the benefit of this margin of safety.

6. More extensive application of novocain in the surgery of children is indicated, and, if a more common use of this drug obtained in this class of cases

the science of medicine as well as the art of surgery would be benefited.

#### THE TONSIL ADENOID OPERATION.

McKenzie, in *The London Practitioner*, urges looking for hypertrophied adenoids not only in middle ear suppuration, but also in seemingly trivial attacks of middle ear catarrh. In patients in whom there is no sign of adenoids except the pain or discharge from the ear, the nasopharynx must be examined with the finger. In others the tonsils are enlarged and the adenoid hypertrophy may be assumed to be present. He warns that in acute suppuration of the middle ear the throat should not be operated on until the acute ear symptoms have subsided; otherwise the throat wound is prone to become septic. The same caution applies in acute tonsillitis. Previous to operation carious teeth should be removed, the socket wounds healed, and the mouth treated with some simple antiseptic mouth wash to guard against sepsis. Fatalities are very rare, but he has had five. One was due to the anesthetic; one to postoperative pneumonia; one to meningitis following postoperative otitis media; and two to general sepsis. Thus three were due to septic infection, the source of which was found in the mouth. As regards anesthetics, McKenzie employs none in infants under one year till about the age of puberty, and after that age nitrous oxide, with or without ether or chloroform. He does not care for local anesthesia. Tonsils should be removed in toto. In children enucleation with the guillotine is an ideal operation; it removes the whole of the tonsil, yet spares the faucial pillars and part of the capsule, so that the fossa or bed of the tonsil is not obliterated by granulations and scar tissue, and the natural formation of the throat is preserved. This method does not succeed in adults, in whom he prefers to use the snare. For the removal of adenoids he prefers the La Force adenotome. Before the patient leaves the operating table the surgeon should mop out the throat and make certain that bleeding from the tonsil has

actually stopped, for McKenzie believes that severe tonsillar hemorrhage is always primary. After all operations on the throat or nose the patient should be laid semi-prone on his side with the face turned half down, the mouth and jaw not tightly closed. After the anesthesia has passed off a little oozing may be ignored, unless it is long continued, but serious bleeding is more difficult to arrest than it would have been on the operating table. Examine the throat with a good light; if one tonsil is occupied by a large clot the hemorrhage is there. If in doubt whether the tonsil or the adenoid area is bleeding hold the patient's head face downward; blood from the adenoids will emerge at the nose, from the tonsil at the mouth. If a bleeding point can be seen at the tonsil it may be picked up with a large pressure forceps and another looked for. Hold aside the anterior pillar and examine its posterior aspect, for this is a favorite site. When all bleeding points have been seized they may be ligated with catgut, or the forceps may be left on for twelve hours. When no bleeding points can be seized a tonsillar hemorrhage must be controlled by pressure. Hemorrhage from the adenoid region is rare, is usually due to incomplete removal of the adenoids, and can then be stopped by completing the operation. Otherwise it must be checked by packing the nasopharynx. He calls attention to a type of deafness apparently due to a clump of adenoids in the fossa of Rosenmueller, which is apt to escape when adenoids are removed in the usual manner, and may evade the examining finger, but are seen by means of the nasopharyngoscope as curled ringlets of adenoid tissue in the fossa, frequently associated with closure of the Eustachian orifice and oedema of its posterior lip. Its removal is a prime necessity—*Charlotte Medical Journal*.

#### THE HEART—SOME SYMPTOMS AND SIGNS.

Symptoms of aortic regurgitation: "So long as the cardiac hypertrophy is just sufficient to compensate for the valvular

condition, there are no symptoms. but as the muscle walls continue to increase symptoms of cardiac hypertrophy present themselves, such as forcible cardiac action, with marked pulsation of all the vessels, including the capillaries, the characteristic forcible and receding pulse ('water-hammer pulse' or 'Corrigan pulse'), headache, insomnia, tinnitus aurium, congestion of the eyes and face, etc. Precordial pain is usually present in aortic disease. It may be a sensation of constriction in the cardiac region or it may consist of sharp, shooting pains extending to the arms—anginoid attacks. As soon as the slightest failure of compensation occurs, the cardiac action becomes excessive and distressing. Palpitation is present and causes anxiety and fear on the part of the patient.

When there is complete rupture of compensation, there develop, either gradually or rapidly, dyspnea, increased on exertion, cough, cyanosis, hepatic enlargement, renal congestion with scanty, albuminous urine, ascites and dropsy. If mitral insufficiency is now superadded, general venous stasis and death rapidly follow. Sudden death is most frequent in this form of valvular heart disease."

Physical signs of aortic regurgitation: "Inspection shows that the cardiac impulse is forcible and displaced downward and to the left. The pulsation is visible far beyond the normal apex. Palpation confirms inspection. It may at times serve to detect a diastolic thrill over the base of the heart and the adjacent large vessels. The Corrigan pulse and the capillary pulse are recognized by palpation. Percussion serves to demonstrate an increase in the area of cardiac dullness downward and to the left. Occasionally it is increased upward and to the left of the sternum as the result of hypertrophy of the left auricle. Auscultation reveals characteristic alterations in the heart sounds. The first sound is forcible; the second sound is replaced or associated with a churning, rushing, or blowing murmur of low pitch, well heard at the second right costal cartilage (aortic area), but most distinct at the juncture of the

sternum and the fourth left costal cartilage. It is diastolic in time, and is transmitted downward and toward the apex. A presystolic rumbling murmur (Flint murmur) may occasionally be heard over a limited area at the apex."—Hughes Practice of Medicine.

Physical signs of acute pericarditis: "Inspection during the early stage shows excited cardiac action as evidenced by the impulse. During the effusion stage the impulse is feeble, undulatory, or absent; it is usually displaced upward, very rarely downward, the precordium bulges, and the abdomen protrudes when the effusion is large. Palpation during the early stage serves to detect an excited or tumultuous impulse, and in very rare instances pericardial friction fremitus. During the effusion stage the impulse is feeble or absent, and when present is considerably displaced. Tenderness may be elicited. Percussion is normal in the beginning of the disease, but as the effusion forms the cardiac dullness becomes enlarged vertically and laterally. If the accumulation of fluid is considerable the dullness assumes a triangular shape, with the base on a line with the sixth or seventh rib, extending from the right of the sternum to the left of the left nipple, and the apex at the sternal attachment of the second rib or higher. The shape of the dullness is sometimes altered by changing the position of the patient.

Auscultation at the onset reveals excited cardiac action and usually an exocardial murmur or friction sound, synchronous with the cardiac sounds and uninfluenced by respiration, but often increased by pressure with the stethoscope. Later, as the effusion forms, the cardiac sounds are feeble and deep-seated at the apex, becoming louder and distinct toward the cardiac base. The friction sound is sometimes heard at the base. As absorption progresses, the friction sound returns, being replaced shortly by the normal heart sounds."—Hughes' Practice of Medicine.

These are succinct and careful answers made by the Medical Record to the questions of the Texas State Board of Medical

examiners. They are brief and serve well to refresh our memory.

#### EARLY RECOGNITION OF PARESIS.

An excerpt by Hall in the Charlotte Medical Journal is as follows:

But of what use, one may well ask, is there in stressing the importance of the early recognition of paresis? Even if little may be done to stay the progress of the malady, much may be done to save the individual from himself, and to prevent him from doing irreparable damage to his possessions, to his family, and to his untarnished good name. The mental abnormality develops so insidiously that, as a rule, some overt act is necessary to cause an investigation of the mental status. Recently a man was sent to me because he stated very nonchalantly while purchasing a pistol that he intended to kill a certain neighbor. His subsequent behavior induced the belief that he would have executed his threat. A fortune may be squandered over night, shameless debauchery may be indulged in, character may be hopelessly damaged, and under the impelling influence of persecutory delusions, murder may be committed. A deluded paretic by his murderous assault undoubtedly shortened the life of Mayor Gaynor. Many a great corporation has been brought almost to ruin by an undiscovered paretic at its head. Every sufferer from this terrible malady, while unrestrained, is a menace to himself, to society and to his own reputation. Quite contrary to general opinion, the paretic is often suicidal. The sooner the general paralytic is taken in charge and dispossessed of management of his estate, the better it will be, not only for himself, but also for his family and his good name.

Upon what symptoms, you may ask me as I close, is the diagnosis of paresis based? I ask you to remember that, as a rule, the disease develops not until ten or fifteen years after the individual has contracted syphilis. Most syphilitics become infected at about twenty or twenty-five; consequently, paresis usually develops when the man is thirty-five or forty. The very first symptoms are apt to be

those of mild mental depression, but the physician may not be called until subsequent excitement has developed. When called to see any man in middle life who is mentally abnormal always be on the watchout for paresis. Look for the physical signs of syphilitic damage to various parts of the body—notice the pupils. If they are changed in size from the normal; if they are unequal; or if the edges of the pupils are not smooth, then think of paresis. Frequently, in the earliest stages, the pupillary reaction to light is lessened or lost. The reaction to accommodation is generally retained in some degree. There are apt to be tremors about the lips and in the protruded tongue. Hard words like electricity and Methodist Episcopal may not be pronounced correctly. The knee jerks and the other deep reflexes are apt to be increased early, and lost late in the disease. Muscular inco-ordination will likely be exhibited by tremors in the finer movements—for instance, in writing and in buttoning the clothes, and in shaving. The patient is likely to handle himself awkwardly in walking, and in going up and down stairs. If these signs be accompanied by a positive Wassermann of the blood or of the spinal fluid, and if symptoms of mental abnormality of almost any kind are present, then the diagnosis of paresis will generally be justified.

#### ERYTHEMA NODOSUM.

Marfan, in the Medical Press, London, points out that erythema nodosum was formerly classed among the rheumatic eruptions with polymorphous erythema and rheumatoid purpura. These two conditions are now recognized as constituting two distinct and separate groups, and erythema nodosum has been shown to be a disease standing in some sort of relationship to an acute outbreak of pulmonary tuberculosis. Erythema nodosum occurs only in tuberculous subjects, usually in those in whom the infection is still latent. It is the outward and visible manifestation of slight, attenuated, curable tuberculosis, and is of bacillary origin. The histological structure of erythematous tissue is typical "tubercles."

The cuti-reaction is positive in these subjects and the formation of an exactly similar nodule can be provoked by injecting a minute quantity of dilute tuberculin into the dermis. Erythema nodosum is, then, a bacillaemia which can, of course, be recovered from, but which is none the less an outbreak of bacillary infection and must be treated as such.—Charlotte Medical Journal.

#### REPORT OF CASE OF SYPHILIS OF THIRD GENERATION.

Syphilis transmitted to the third generation has always been a clinical belief and I would report a case which, as far as possible, I have proved by the Wassermann.

Mrs. M. was referred to me by Dr. W. W. Gill, with an eruption on her upper lip. She was being treated by Dr. Gill for an atrophic rhinitis present for many years, but the eruption had appeared in the last few months.

The eruption was in the form of a large meaty papule and was suggestive of syphilis. There being no history of this disease, a Wassermann was made which was positive on cholesterinized antigen. Salvarsan was administered with complete relief of the skin condition. When the diagnosis was made, the husband, much worried, consulted me. A Wassermann on him was entirely negative.

I am convinced of the purity of the woman who consulted me. Her interest was intelligent and her bearing was such that I have no doubt of her statement of her past conduct. Her case was, therefore, decided to be hereditary.

Her father had died of paralysis several years before. She states that several years before he died, he had leg ulcers so bad as to necessitate the amputation of one leg below the knee.

At this time, her mother, a lady over sixty, was normal. Six months after I started to treat Mrs. M., her mother became mentally affected, finally developing a well-marked case of paresis. Though I attempted to obtain a Wassermann from her, she absolutely refused and in a violent way.

Two months after I saw the mother with paresis, Mrs. M. brought to me her nine year old son, who was suffering with typical gumma on the left tibia. A Wassermann was done and was positive on all antigens. He also answered readily to treatment.

To recapitulate.—Both the maternal grandfather and grandmother give histories that are decidedly specific. The mother and son had active syphilis, demonstrated by the Wassermann. The father was negative.

While granting the defect of complete knowledge of the behavior of the women before marriage, I am convinced of her honesty and therefore report this as a case of syphilis of the third generation proved by the Wassermann.—Murrell in *Virginia Med. Monthly*, Feb., 19.

#### THE IMPORTANCE OF REGULATING FAT-INTAKE IN DIABETES MELLITUS.

P. J. Cammidge points out that in the treatment of diabetes mellitus control of the fat allowance is quite as important as regulation of the carbohydrate and protein intakes. Bloor was the first to carry out a systematic study of the fat content of the blood of diabetes. He found that out of thirty-eight cases a lipid value of the blood in excess of the normal average was present in thirty-six, and in but three cases it exceeded the highest limit met with in healthy persons. A marked increase, up to 100 per cent or more of normal values, was found in all severe cases, but as a rule the more severe and long standing the diabetic condition the more marked was the abnormality in the blood lipoids. The evidence at present available suggests that the excessive lipid value of the blood originates in the fat of the food, and is due to the partial failure of the mechanism for dealing with fat arising from the essential nature of the diabetic state. Bloor found that there was no definite relation between high blood lipoids and the occurrence of acetone bodies in the urine. Moreover, that diabetic lipemia is not due to change in the reaction of

the blood is indicated by the fact that the greatest possible reduction in its carbon dioxide capacity by acid poisoning produces no characteristic change in that direction. It would therefore seem that the tendency to imperfect utilization of fat in diabetes is not dependent upon any other feature of the disease, but is a primary phenomenon of the condition. Cammidge points out that it may be taken as a general working rule that fat unbalanced by an adequate available supply of other food is poison to the diabetic, and that the craving of bread and other starchy foods is an expression of a natural want that should be dealt with by restoring the balance in the diet by reducing the fat rather than by increasing the carbohydrate, as is usually taught. He further points out that from experiments conducted by Allen, it seems reasonable to conclude that the hyperglycemia and glycosuria following excessive feeding with a fat are due to a failure of metabolism consequent on the gain in weight above what the defective assimilative functions are able to cope with, and that any attempt to induce a high level of nutrition with fat results in an aggravation of the diabetic condition similar to that which follows a like attempt with carbohydrate or protein, although its effects are slower and more insidious. These observations make it clear that in addition to rendering the urine sugar-free by limiting the carbohydrate intake or adjusting the protein allowance, it is also necessary to ascertain the optimum amount of fat which will meet the needs of patients, prevent acidosis, and avoid the onset of glycosuria. Cammidge has obtained satisfactory results by the fasting treatment; in some cases in which sugar returned he found that an excess of protein was being taken and in others that the fat content of the diet was the difficulty, and when this was adjusted to the patient's metabolic powers the glycosuria promptly ceased and did not return. He states that in treatment the aim must be a steady weight which can be maintained without overtaxing the patient's effective metabolic powers. Gain in weight must be sacri-

ficed to well-being and satisfaction of the appetite to length of days. Individualization of the diet, in which the allowance of carbohydrate, protein, and fat is regulated by the tolerance of the patient for each and by his powers of dealing with the diet as a whole, is the line along which the treatment of diabetes is developing.—British Medical Journal Med. Fortnightly.

#### DIAGNOSIS AND TREATMENT OF IRITIS.

Andrew, in an article in the Long Island Medical Journal for January, 1919, says that:

Owing to the engorgement of the anterior ciliary vessels there is a zone of circumcorneal redness, though secondarily the posterior conjunctival vessels may become inflamed. This circumcorneal engorgement is not pathognomonic as it is seen in glaucoma as well.

The appearance of the iris is characteristic, lusterless, with the folds and crypts ironed out by the swelling, and the color differing from that of the fellow eye. These changes are due to exudate in the substance of the iris and to turbidity of the aqueous. The pupil responds slowly or not at all to light and is contracted. It may be irregular in shape. Swelling and exudation cause its contraction, and adhehions, its irregularity.

**Differential Diagnosis.**—The two diseases with which iritis is most likely to be confounded, are acute conjunctivitis and acute glaucoma. The character and location of the conjunctival injection is a guide in making the diagnosis, for in both iritis and glaucoma the vessels involved comprise the anterior ciliary twigs, fine hair like vessels in a zone immediately surrounding the cornea, while in conjunctivitis the inflamed vessels belong to the posterior conjunctival group, are larger and coarser than the anterior ciliary, and are situated farther from the cornea. A mucous or muco-purulent discharge is the rule in conjunctivitis but not in the other diseases. The pupil is normal in conjunctivitis, dilated in glau-

coma and as a rule contracted in iritis. The anterior chamber is normal in conjunctivitis, normal or deep in iritis, but shallow in glaucoma. The cornea is transparent in conjunctivitis, steamy and insensitive in glaucoma, while in iritis it is sensitive and clear, except in those cases which show deposits on the posterior surface. Tension is normal in conjunctivitis, elevated in glaucoma, normal in iritis for the most part, sometimes slightly elevated.

**Treatment.**—If the treatment of iritis could be confined to one drug, that drug would undoubtedly be atropia. Atropine meets most of the local requirements. It dilates the pupil narrowing the diameter of the iris, squeezing the engorged vessels and reducing the inflammation. It paralyzes the accommodation thus putting the eye at rest, and by drawing the pupillary margin away from the anterior surface of the lens prevents the formation of adhesions or breaks up those which are forming. It is of no value in occluded pupils. Sometimes a granule of powdered atropine placed in the conjunctival sac accomplishes the purpose better than the solution. Cocaine added to the atropine will occasionally increase the effect. Atropia must be instilled sufficiently often to keep the pupil dilated, and the tension of the eye should be constantly watched during its use. Dionin used with the atropine relieves pain in some instances, and by its lymphagogue action assists in removing the products of inflammation.

An old and honorable way to deplete the engorged vessels is by blood letting at the temple, either by the use of leeches, or by the use of an artificial leech. In this connection it may be well to add that in the absence of leeches or the usual artificial leech, a good substitute may be improvised by scarifying the temple and applying an ordinary breast pump. It is sometimes a matter of surprise to see how quickly atropine will produce its maximum effect after a blood letting.

The systematic treatment of iritis is the treatment of its cause. In syphilis our sheet anchors are salvarsan, mercury

and after the inflammation has begun to subside the iodides.

When associated with myositis and arthritis the salicylates and aspirin are indicated, even though the gonococcus is the causative factor. If a focus of infection can be found in the teeth, the tonsils, the nasal sinuses, the prostate or any other place it must be gotten rid of at once. In many cases, in addition to removing the focus, the condition will be helped by the administration of an autogenous vaccine. The gonorrhoeal form is also frequently helped by a gonorrhoeal vaccine.

Tuberculosis is tuberculosis whether found in the lungs or the iris, and the general rules for its management are similar. The administration of tuberculin is sometimes of considerable benefit. Some surgeons advocate the use of a three per cent guaiacol ointment as an inunction, or the subconjunctival injection of a one or two per cent solution of guaiacol.

To be successful in the treatment of iritis the surgeon must ever bear in mind its pathology, and he must be prepared to discover the etiology of each case, by using all those aids to modern medicine, the X-ray, and particularly the pathological laboratory for his bacteriological and serological tests and for the preparation of his vaccines. With all the aid which modern medicine offers us we find it necessary only too often in the treatment of this most insidious disease, to summon to our aid our last reserves of common and diagnostic sense and therapeutic acumen.

#### TRAUMATIC INFECTION RESULTING FROM INFLUENZA.

It is generally recognized that one infection, even of a mild nature, may have a deleterious influence on another infection with which a person may be afflicted. It could not find any similar case reported in medical literature to illustrate that *B. influenza* was the cause of infection entering through a simple cut on the face.

Miss B., aged 19, family history un-

important except one sister had the "flu" in the same house a week prior to the accident. While scuffling with another girl in the office, Miss B. slipped and struck her face on the sharp edge of a chair, making an ugly wound about half an inch long between the eye and ear on left side. She washed the blood off and dressed it and did not pay any further attention to it. On the third day she had a chill, then fever came up and her left eye began to swell. She had a terrific headache. She came to my office November 11th with a temperature of 104, pulse 110, respiration 30, the left side of face red and inflamed and left eye partially closed. I made a larger opening and cleaned the wound out thoroughly, applying a bichloride dressing, and sent her home to stay in bed. I went out to see her the following day and I found her still with a fever of 104 and swelling over the left eye and nose. However, after three days of ordinary treatment I succeeded in getting the fever down and also the swelling. On the 16th of November she had another chill, temperature came up to 106 and the right side of her face began to swell. The soreness and swelling extended over the mastoid bones, first and the right side and in twenty-four hours over the left side, too, and both eyes practically closed. The wound, however, looked clean and healthy. In spite of all I could do she kept on having chills and fever, though the swelling of the neck gradually subsided. On the 21st of November I took several smears of the wound for bacteriological examination. The three chief organisms found were streptococci, *B. influenzae* (Pfeiffer), and a few of the pneumococci. Those germs are rather unusual in a wound infection. But considering that her sister just got over a bad attack of influenza and they used the same room, it is easily explained how those germs influenced the cause of infection. I gave her three injections of 1 c.c. mixed of serobacterin in three consecutive days; the temperature went down in twenty-four hours of the first injection and she made a good recovery.

The case is interesting in that it start-



ed from a simple cut and turned out to be so serious that she almost paid with her life. The germs which produced the seriousness were the same of the present epidemic, and they alone undoubtedly were responsible for the chills, fever and extreme prostration. It also shows that care should be taken in our surgical work to prevent contamination of the epidemic germs. It shows, in this particular case, the happy results of serum treatment. I thought my experience was worth while reporting, as the epidemic is still raging in the country.—Newman, Okla., Assoc. Journal, Feb., '19.

### DIABETIC COMA.

Osler has said that if one knows syphilis in all of its protean manifestations of pathological changes and complications, all else in a diagnostic way would be added unto him. I might add that if I knew the chemistry of the human body during all the changes of metabolism, physiological as well as pathological, the realm of the unknown in medicine would not be such a big factor. The study of diabetes is a study of the metabolism of the food to its proximate principles; and the study of diabetic coma is the study of the acetones, diacetic, beta-oxybutyric, lactic and phosphoric acids.

Fletcher says: "Without qualification we can at present say that the acid intoxication of diabetic coma, or acidosis as Naunyn calls it, is due to the action of the beta-oxybutyric acid," thus endorsing Stadelman's dictum that diabetic coma occurs only when the urine contains oxybutyric acid.

McCashy reports a case of fatal diabetic coma without diacetic or beta-oxybutyric acid, but had acetones in abundance. Albertoni says that acetones are faintly hypnotic, but cause much dyspnoea and that they are decidedly toxic. Rhamy produced drowsiness, or even stupor, and other toxic phenomena and fatty changes in the liver and kidneys by hypodermic injection of acetones in guinea pigs. High grades of acetonemia in diabetes are often associated with lipaemia (or better lipoidemia). An ingenious theory. Reicher postulates that

the acetones, like other narcotics, leech the lipoids out of the cells and thus produce some of the narcosis phenomena of coma and precomatous stages.

A characteristic of human coma is that the cerebral centers are anesthetized while the respiratory center is stimulated. It may be taken as a general rule that dogs lose consciousness less readily than man and this applies to their diabetic coma. They begin by showing weakness, drunken gait and dyspnea on slight exertion. The corneal reflexes are never lost and even attending surroundings may be preserved until the last, i. e. dogs not humans.

### Kussmaul Breathing—Alcoholic Type.

Typical dyspnea coma or Kussmaul's air hunger type, the kind Kussmaul described and most frequent:

Premonitory symptoms may be lassitude, headache, epigastric pain and occasional vomiting. Patient becomes restless and excited and tosses about in bed; his speech becomes thick and eventually incoherent; he grows dull and eventually passes into deep coma. A characteristic form of dyspnoea develops. It is inspiratory at first, but later expiration is also involved. When fully developed the respirations are full and voluminous; they are loud and can be heard a considerable distance, although they are not stentorian as in apoplexy; they are quite regular and greatly increased in frequency. Volume of the chest is greatly increased with each inspiration, hence called air hunger.

Alcoholic type with headache and symptoms suggesting alcoholic intoxication; the speech becomes thick, pulse rapid and without dyspnoea coma supervenes and patient soon dies.

Diabetic collapse: The patient suddenly begins to suffer from drowsiness and great weakness; the extremities become cold, hands and feet livid, pulse small and thread like; respiration is quickened but not dyspnoeic. Drowsiness develops, coma supervenes and patient dies in 24 hours. A large percentage of deaths in diabetes are due to coma and it is almost invariably the cause in children.

Certain factors tend to predispose to

development of coma such as constipation, excessive fatigue, onset of various complications, such as carbuncle and pneumonia, subjection to an operation and sudden changes in diet.

Diarrhea may occur in the human coma, but is invariably present in dogs.

Alkalinity of the blood, the buffer substance, i. e.  $\text{NaHCO}_3$ , is hard to maintain in man but easy in the dog. Many may die of coma with alkalinity of urine.

Decreased hydrogen ion concentration.

Lowering of  $\text{Co}_2$  alveolar tension. Marriott's apparatus shows 40 per cent. normal, below 20 per cent. should be careful, have seen it as low as 14 per cent. Riesman low blood pressure and subocular tension.

Physical symptoms: Nausea, anorexia, increased cerebrospinal fluid, substernal oppression and ringing in the ears.

Coma may come slowly or abruptly or intermittently.

Acetone intoxication: Anorexia, coated tongue, excessive thirst, nausea, vomiting, diarrhea, abdominal pain, tachycardia and other circulatory disturbances, dyspnoea, aromatic odor of breath, pallor, pruritis, haemoglobinuria, increase of temperature, headache, restlessness, vertigo, somnolence, convulsions and coma. Dr. Bladgett says pathognomonic sign is soreness on deep pressure over pancreas.

Dr. Yandell Harrison of Yale in 1914 said degree of acidosis is proportionate to length of time breath can be held. Advises against general anesthesia unless holds breath for 20 seconds.

Deaths from coma are due to: diabetes untreated; obesity high fat, low carbohydrate; patient abandoned treatment; imperfect supervision; ether anesthesia.

Treatment—Bed: Warm, flannel night clothes, allay nervousness and discomfort.

Care of bowels: Enema not cathartic because of danger of diarrhea.

Liquids: 1000 cc. within 6 hours slowly, coffee, tea, broth and water. If nauseated given by rectum or intravenous.

(Joslin says it will seldom be necessary to give more than 1000 cc. liquids—thanks to avoidance of alkalis).

Diet: If fasting or used to fasting con-

tinue fast, but if on full diet give carbohydrate, orange juice, etc.

Heart: Digitalis.

Alkalis: Joslin. By former methods of treatment in which alkalis were generally employed to combat acidosis, 64 per cent of all fatal cases succumbed to coma, but with the partial adoption of the present method the total figures for my cases have already fallen to 60 per cent. and for the fatal cases during the year, 44 per cent.

Allen in his Harvard lecture: "Aside from the possible very brief rise in blood pressure sodium bicarbonate intravenously or otherwise brings no visible benefit to a dog dying of acidosis. Shows coma can be dispelled. Let up on alkalis, may stop acidosis as it eliminates it."

"Great loss of weight. Obviously it is due to a dessication of the body and in conformity to it can be placed my experience of not having seen a patient who has edema develop coma."

Vomiting at the onset of coma presages death because it is deprived of fluids with which to eliminate acids.—Riely, Okla., Assoc. Jour., Feb., 1919.

#### MICROSCOPIC EXAMINATION OF THE URINE.

There are two great classes of urinary sediments— (1) chemical or unorganized, (2) histological or organized. The chemical sediments exist in solution in normal urine, appearing as deposits only under conditions of excessive formation, excessive excretion, or of alterations in the urine affecting its solvent properties. The chief chemical sediments are uric acid and its salts, calcium oxalate, phosphates, sulphates, cystin, leucin, tyrosin, xanthin, fat, and fatty acids. The organized sediments may consist of epithelial cells, pus corpuscles, blood cells, renal casts, other tissue fragments, spermatozoa, infusoria, or bacteria. The following chemical sediments may be found in acid urine: (1) Uric Acid. This occurs as a sediment under three conditions: (a) great concentration; (b) high acidity; (c) low temperature. The deposit is usually of a deep yellow or orange-red color, al-

though some of the smaller crystals are occasionally colorless. The crystals vary in shape, and may consist of rhombic prisms, square plates, cubes, ovoids, dumb-bells, or shaped like whet-stones. The microscopic finding of uric acid can be readily confirmed by applying the murexid test. This is performed as follows: A small quantity of the sediment is placed in a porcelain evaporating dish, and a few drops of concentrated nitric acid added. Evaporate to dryness, when a yellowish or reddish residue will remain. Cool, and add a few drops of ammonium hydrate solution. If uric acid is present, a reddish purple color will appear, which disappears on heating with water. It is important to remember the latter, as xanthin will show the same phenomena, but the color does not disappear on heating with water.

(2) Sodium acid urate forms the bulk of the "brick-dust deposit" found when urine cools. It is usually in the form of irregular, amorphous granules of a pink or brownish color. Occasionally the deposit is crystalline, occurring as prismatic, needle-like crystals in star-shaped groups, or fan-shaped, or in clusters like dumb-bells.

(3) Potassium acid urate occurs only as a granular amorphous deposit. At it is more soluble than the sodium salt, it does not form as large an amount of the brick-dust deposit as the latter. Both of these urates may be associated with amorphous deposits of the magnesium and calcium acid urates. The urates completely dissolve when the urine is heated, and they give the murexid test.

(4) Xanthin is closely related to uric acid. It crystallizes as colorless, whet-stone-shaped crystals which resembles those of uric acid, but are soluble on heating and in hydrochloric acid as well as ammonia.

(5) Calcium oxalate appears most frequently in acid urine, but may be found after it has undergone alkaline fermentation. In acid urine it is associated with uric acid; in alkaline, with the triple phosphates. The crystals are colorless and may be octahedral (four-sided pyra-

mids lying base to base), or shaped like dumb-bells. The crystals are insoluble in acetic acid, but soluble in hydrochloric. Some of the triple phosphates are like them, but they are soluble in acetic acid.

(6) Cystin occurs in the urine in condition of perverted protein metabolism. They are rare as a urinary sediment. Two forms may be observed—six-sided tablets, and four-sided square prisms. They are soluble in hydrochloric acid and alkaline hydrates, but insoluble in acetic acid.

(7) Leucin, Tyrosin, Bilirubin, and Hippuric Acid may occasionally be found in the deposit, although rarely.

(8) Calcium sulphate only appears in extremely acid specimens, and occurs as long, thin, rhombic plates or needles, often arranged in the form of clusters. If the sediment is boiled with hydrochloric acid and barium chloride is added, a precipitate of barium sulphate will indicate the presence of calcium sulphate.

(9) Neutral calcium phosphate is found only in faintly acid or in neutral urine, and is quite rare. It crystallizes as colorless needles or slender pyramids, grouped as rosettes or cross-shaped figures.

(10) The excretion of fat in the urine is seen in lipuria. The fat-globules are stained black with osmic acid, or they may be extracted by shaking with ether. The excretion of large amounts giving rise to the appearance of an emulsion (chyluria) is associated with infection by filaria although a non-parasitic type of chyluria has been observed.—Pharmacal Advance.

#### SOME INTERESTING CASES OF VINCENT'S ANGINA.

There are two distinct clinical types of the disease, one form to be differentiated from diphtheria and other pseudo-membranous anginas occurring almost exclusively in young people, while the other form has a localized ulceration simulating syphilis occurring mainly in adults, usually, in the writer's experience associated with carious teeth, especially in those whose mouths are not well cared for.

The odor is distinctive and characteristic, and if not promptly treated, extensive ulceration of the fauces occurs with fatal ending.

The writer has had two fatal cases. One previously reported in 1912, and the other a recent case in a man thirty-two years of age. The uvula and part of the soft palate had been practically destroyed, and there was deep ulceration of both tonsillar surfaces and of the gums around the last molars. The ulcerated surfaces were covered with a tenacious pseudo-membrane. The molar teeth were badly decayed, and the gums bled easily when touched with a probe. The odor was so bad that it required a good deal of courage to examine him. He said the condition had been going on for several weeks, and he had received no treatment. He had been using a mouth wash of peroxid and water.

He was in an extremely weakened condition, because the pain in swallowing was so severe that he had not been able to take much nourishment. No history of syphilis could be obtained. Smears from throat swabs verified the diagnosis of Vincent's angina.

He was given a strong solution of potassium chlorate, powdered alum, carbolic acid, glycerin and water, to be used as a gargle, and locally the ulcerated surfaces after cleaning were swabbed with a saturated solution of methylene blue in alcohol. He was given K. I. in large doses. This is always administered in the writer's cases, whether a history of syphilis is obtained or not. Blood count showed a moderate leucocytosis. He failed steadily in spite of all efforts, and died about two weeks after he was first seen. The larynx was not involved in this case.

Salvarsan was used both locally and intravenously without any appreciable effect. No autopsy.

Pure alcohol swabbed on the ulcerated surfaces is also extremely valuable. The greatest difficulty is in having the severe cases get enough nourishment, because the pain in swallowing is often so great. A solution of orthoform in olive oil swabbed on the ulcerated surfaces before

meals, affords a certain amount of relief. A spray of carbolic cocain in the worst cases gives more relief than anything else, if used a few minutes before meals. In some of the adult cases of the ulcerative type we are probably dealing with a combination of syphilis and Vincent's, even when we fail to obtain a history of syphilis. That may be one reason why salvarsan acts so promptly in some cases, although the consensus of opinion would seem to prove that the arsenic preparations do have a specific action. He has known cases of this kind in which there was a positive Wassermann (with no syphilitic history), with the typical clinical and microscopic evidence of Vincent's.—Theisen. *Virgin. Med. Monthly*, Feb. '19.

#### BURNS OR SCALDS.

Burn or scald: A good treatment is to put one-half pound of baking soda into a quart of cold water, and with this solution saturate lint or soft cloths, and apply them to the injured part; keep them constantly wet with the solution; make no attempt to remove the dressing for several days; when it is removed, if no suppuration has ensued, finish the treatment with zinc ointment. If, however, pus has formed, then dust the ulcer frequently with Fuller's earth, or "Mineral earth"; if very offensive use charcoal powder, and as soon as the sore becomes healthy, finish the cure with zinc ointment.—Medical Summary.

#### PURULENT OPHTHALMIA.

In purulent ophthalmia of infants, keep the eyes constantly cleansed, by sponging them day and night with boracic acid water, 4 per cent. solution, and brush the everted lids daily with nitrate of silver solution in water, one grain to the ounce. If the cornea is affected there may be need to use atropine solution one-eighth grain to the ounce of water, one drop in the eye every three hours. Beside the topical treatment, argentic nitrate should be administered internally, in minute doses, three times a day.—Medical Summary.

**MEDICAL MISCELLANY.****DR. MARY WALKER, ARMY SURGEON,  
DEAD AT 87.**

In St. Louis, Mo., my father, who was a member of Lincoln's "preacher cabinet," introduced me to Dr. Mary Walker and though a little boy in knickerbockers I recall the influence her strange appearance in male attire had on me. Her death to me seems more than commonplace. Her life history as given by the press is unusual. Her life and the many things connected with it are worthy of perusal. I wonder why women in public do not speak of Dr. Walker as one of the women who has accomplished great things. The only woman who was ever traded for a man of equal rank. This at a time when she was a prisoner of war. The first woman army surgeon. This is surely an honor and she was voted a medal by congress.

Dr. Mary Walker, age 87, died at her home on Bunker Hill, near Oswego, February 22, after a long illness. She was a surgeon in the civil war and received a congressional medal of honor. She gained fame by being the only woman permitted to appear in man's attire by an act of the congress.

Dr. Mary Walker had a picturesque career. Four years were spent on the battlefields of the civil war. The remainder of her active life was spent in fighting for dress reform and woman's right to political suffrage, in which movements she was a pioneer. She declared she was the first American woman to attempt to cast a ballot in a legal election. Her livelihood was earned during all these years by her private medical practice and by writing.

By special authorization from the federal congress Dr. Walker adopted man's attire during the civil war and for more than half a century since she had continued to wear it in civil life—the only woman in the country who ever had her rights in this respect prescribed by the national legislators. She wore a black frock coat, trousers and a high silk hat and carried a cane.

Dr. Walker also was distinguished as the only woman in history who, when held as a captive in war, was exchanged as a prisoner of war for a man of equal rank in the army of the foe. She was also the first woman to be regularly enlisted in an army as a surgeon.

Born in Oswego, N. Y., in 1832, Miss Walker was a graduate doctor with the degree of M. D. at the age of 23. Beginning practice immediately, she soon adapted man's clothes. Her war career began at the age of twenty-nine. She volunteered her services, entering the Union army as an assistant surgeon with the rank of first lieutenant. She dressed like her brother officers, having a gold stripe running down the trouser legs, wearing a felt hat with gold cord and an officer's overcoat. Her jacket was cut like a blouse and fitted loosely at the neck.

"When I had on my overcoat," Dr. Walker said, "I looked every inch the man, and I am sure I acted it."

Dr. Walker never married. Her proudest possession was the bronze medal she wore on the bosom of her frock coat. On the back was engraved this legend: "Presented by the Congress of the United States to Mary E. Walker, A. A. Surgeon, U. S. Army."

She became celebrated in the United States and England, following the civil war.

"Do I ever have unkind things said to me?" she once said, echoing an interviewer's question. "Yes, of course, by ill-bred people. But they are few. When any one does say anything unpleasant I usually have something to say in return, which makes us quits. Oh, I tell you, trousers are a great thing!"

Occasionally, a policeman, failing to recognize the little gray-haired woman, placed her under arrest. This once happened in Chicago. Showing the documents which gave her the right to wear man's clothing, she was released. Her only remark regarding the guardian of the law was: "He's an old idiot."

Although a pioneer in the woman suffrage movement, Dr. Walker was out of sympathy with the methods of some of her sister-workers.

"Women will get suffrage just as soon as they stop making fools of themselves," she declared with considerable vigor. "They've got to stop talking so much and do some work. These everlasting amendments will never get them their rights. They want to state what they want and stick to it."

S. E. EARP.

#### MEDICAL ADVISORY BOARDS WORKED WITHOUT APPLAUSE OF THE MULTITUDE.

The second annual report of the Provost Marshal General says concerning medical advisory boards:

Medical advisory members worked without compensation. The exacting details incident to the examination of tens of thousands of registrants, drawn from every precinct of the United States, have been accomplished with a patient, prompt precision that impels me to express my personal appreciation for their loyal services to our government, through their co-operation with this office. It is keenly appreciated that their duties were an additional burden to busy lives, and were not publicly recognized either by uniform, or rank, or the applause of the multitude. They continued unflinchingly, often far into the night, with only conscience as their commander, and with stern duty as their censor. To them, whose services were so cheerfully, assiduously and efficiently rendered, the nation owes a debt of gratitude.

#### S. E. BOYS THE RIGHT SORT.

The Republican at Plymouth, Ind., is edited by S. E. Boys and is conducted on high grade business principles and he looks to the purity of its columns. Deception is never found. He recently refused the advertisement of the "United Doctors Specialist" sent by Graham Miller Co. Would that others were as fearless and not looking for the paltry dollar. Mr. Boys is a true, noble-minded gentleman. Honest, a man of integrity and of

high ideals. His refusal was a virtuous act. Editor Boys has the confidence of the people and well deserves it.

#### DIPLOMACY OF PROF. U. H. SMITH.

In view of the fact that some of the military hospitals had been given some of the alcohol taken from blind tiger resorts, Prof. U. H. Smith of Indiana University asked that a supply be given to one of the hospitals in Indianapolis. The man in authority replied, "The law says it must be destroyed." Prof. Smith said: "It is only a question of method, for every schoolboy knows that his text-book on physiology teaches that when alcohol is taken into the human body it is destroyed, and it is for this reason that there are those who make the claim that alcohol is food.

No wonder that Prof. Smith is purchasing agent and a member of the finance board of the university.

#### NEAR MEDICINE AT RUMMAGE SALE.

The society women conducted a rummage sale in Indianapolis in the interest of the Boys' Club and Franchise League. The articles were all donated and ranged from a toothpick to parlor furniture. Oddities were in evidence. A doctor's wife donated some rubber goods, among which was a short male urinal. The clerk, who was "fat and forty," had never seen such an article before. She insisted that it was a flower vase for a limousine and being made of rubber, it was indestructible even in a wreck. It was sold for such use. One woman bought a set of false teeth and another a fine tooth comb and yet another a tooth brush. A woman bought an electric fan for \$5.00 and sold it for \$7.00 to a clerk in an electric supply house where she had gone to have it tested.

But as a finale an old man of 70 years said to a prepossessing and handsome lady of middle age, who was acting as saleslady: "I see everything here on sale but a wife, and I am a lonely widower." She replied: "I am a widow." Said he, "What is your number?" She blushed and the curtain dropped.

**INDIANAPOLIS MEDICAL SOCIETY.**

Washington Hotel, Feb. 11, 1919.

Meeting was called to order by the president, Dr. C. F. Neu.

Minutes of the previous meeting were read and approved.

Dr. Bahr read a paper on "A Case of Endothelioma of the Brain" and another on "Prepsychotic Manifestations in Dementia Praecox." This paper appears in full in our original department this issue.

In discussion Dr. Sterne said even grossly demented patients will in some way indicate the presence of headaches. Dilations of the ventricles is accompanied by choked disk.

Dr. Bahr's case showed the extreme toleration of slow growing brain tumors.

Dr. Hadley complimented Dr. Bahr for presenting this tumor case, especially since the autopsy findings were given and lamented the fact that more autopsies were not to be had in brain cases. He said the important thing in surgery of brain was to locate the tumor mass and that a number of important things in this class of cases remains to be solved. He mentioned cases of calcareous deposits in the meninges which had been the source of severe headaches and which had been removed surgically.

Dr. Sterne said dementia praecox is of great interest and importance and emphasized the importance of school inspection to the end that the early manifestations might be detected and dealt with. He said the American children are the least trained and most disobedient of any children of the world. This fact complicates the diagnosis. One can not tell whether he is dealing with a "smart Alec" or a diseased child. There is a distinct lack of ethical training in childhood. In teaching children parents and teachers should always hold to absolute truths and should discard the fanciful things.

Dr. Neu said dementia praecox presented a great many phases that were interesting and instructive and the symptoms begin early in childhood. Parents who propagate this class of children are least equipped to train them. Ninety-five per

cent of these children show early lack of ability to control the emotions and to adopt themselves to their surroundings. Said school inspection should look out for these children and the big problem is to provide proper facilities and training for this class of patients

State must change its method of treating these children. He said we do not usually appreciate the importance of the sex instinct in the life of us all.

Dr. Henry said he did not believe that the teaching of myths and fairy stories is conducive to the development of dementia praecox. He believed such teaching was necessary to the child's normal and best development.

Dr. Earp recited a case he had years ago of a young lady that manifested dementia praecox symptoms, later passing into rapid dementia and death. The autopsy showed a tumor similar to the one presented by the essayist. Dr. Thompson pronounced this tumor one of giant celled sarcoma.

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**DOCTOR VETERAN OF TWO WARS DEAD.**

Dr. Joseph Gardner, aged 85, one of the most widely known pioneer residents of Bedford, Ind., died at Red Cross, Ind., March 3. He was a veteran of the civil and Spanish-American wars, serving as surgeon.

A widow, three daughters and two sons survive. Major Fletcher Gardner, of Bloomington, a son, recently returned from France, where he saw service with the American expeditionary forces as surgeon.

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**WAR CONDITIONS RENAMES DRUGS.**

The war has made a change in some of the names of drugs or combination of drugs. It is necessary to become familiar with them. Here is a list of the official names thus far designated:

Arsphenamine for salvarsan, diarsenol and arseno-benzol, etc.

Nearsphenamine for neosalvarsan, neodiarsenol and novarseno-benzol, etc.

Barbital for veronal.

Procaine for novocaine.

Procaine nitrate for novocaine nitrate.

Phenylcinchoninic acid for atrophin.

Barbital-sodium for medinal and veronal-sodium.

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### HOOSIER PRIZE STEER IS A PIECE IN PLATES FOR PEACE OF STATES.

Lafayette, Ind., February 8.—Indiana supplied the beef that was served at a recent dinner given by President Poincare of France to the allied delegates attending meetings in Paris preliminary to the formal peace conference with Germany.

Incidentally, there was glory in the death as well as in the life of Fyvie Knight II, raised on the farm of Purdue university here and winner of the 1918 world award at the International Live Stock Exposition in Chicago last December.

After obtaining the award the animal was sold to Wilson & Co., Chicago packers, for \$3,500. The concern dressed the big beef and presented it to President Poincare, who presided at the banquet at which the Hoosier steer was the piece de resistance.

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### JOINT INFLUENZA COMMITTEE.

Washington, D. C., Feb. 20, 1919.—A joint influenza committee has just been created to study the epidemic and to make comparable, so far as possible, the influenza data gathered by the Government departments. The members of this committee, as designated by the surgeon-general of the army, the surgeon-general of the navy, the surgeon-general of the Public Health Service, and the director of the census, are: Dr. William H. Davis, chairman, and Mr. C. S. Sloane, representing the Bureau of the Census; Dr. Wade H. Frost and Mr. Edgar Sydenstricker, of the Public Health Service; Colonel D. C. Howard, Colonel F. F. Russell, and Lieutenant-Colonel A. G. Love, United States Army; Lieutenant-Commander J. R. Phelps and Surgeon Carroll Fox, United States Navy.

### NEWS ITEMS.

Dr. Alois B. Graham, teacher in the Indiana University School of Medicine, member of City Hospital visiting staff and formerly major in Base Hospital No. 32, after seventeen months of war service in France has returned to practice his profession again in Indianapolis. His practice will be limited to gastro-intestinal and rectal diseases and his location will be Willoughby Bldg., 224 North Meridian street, Indianapolis.

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Physicians of Indianapolis have received a communication from Superintendent C. S. Woods of the Methodist Hospital of Indianapolis, saying: We have an isolation house immediately north of the hospital and another one just west of the hospital. Both of these houses are on the hospital grounds. They are comfortable, clean and thoroughly convenient for physicians and nurses. Also our X-ray equipment is so complete as to make it very convenient for the patient who needs X-ray work to come to the hospital and remain as long as is necessary for a thorough study of his case. It is operated by one of the most expert radiographers in the United States, and the reading and interpretation of the plates can absolutely depended upon. Your co-operation in making the hospital increasingly serviceable to patients and the medical profession is earnestly desired.

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Col. F. A. Tucker, who has been in charge of a base hospital in France, will resume his practice in Noblesville, Ind.

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Col. Thomas Victor Keene, for many years city sanitarian and later in army service in France, has returned to Indianapolis for the practice of medicine.

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Maj. Lafayette Page, who has made some important discoveries in the treatment of injured soldiers, has returned to Indianapolis to practice his specialty. Dr. Page was with base hospital No. 32.

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Dr. R. C. Beeler has been mustered out of service and will again associate him-



self with Dr. A. M. Cole in X-ray diagnosis and treatment, 712-715 Hume-Mansur building.

Capt. Thomas L. Sullivan, formerly of the City Hospital, has been adjutant at Camp Taylor.

U. H. Smith of Indiana University put in some valuable work during legislature in the interest of the university.

Capt. W. L. Reilley has returned from France and will resume business in Indianapolis.

Col. E. D. Clark of Base Hospital No. 32 was ordered to Camp Dix, N. J., to be mustered out and has returned to Indianapolis. He speaks in the highest praise of those associated with him.

Dr. J. Don Miller has again taken up work in the medical clinic at the dispensary.

Capt. C. K. Jones, formerly associated with Dr. Ford, has again taken up the practice of surgery in Indianapolis.

Dr. James C. Carter, who was mustered out at Camp Greenleaf, Ga., has located at 507 Hume-Mansur building and his practice will be limited to diseases of infants and children. He is connected with the pediatric clinic at the Indiana University School of Medicine building. He had the rank of lieutenant in the army. Dr. Carter was formerly a member of the Indianapolis board of health, but resigned to go into the army.

The inventions of Dr. Horace Allen of Indianapolis during the war attracted considerable attention. In the Medical Record for February 15, Maj. R. W. Shufeldt, Medical Corps, U. S. Army, has a four-page illustrated article concerning Major Allen's instantaneous method of reshaping tool handles so that they may be used by deformed or crippled hands. The concluding paragraph says: At the request of the commandant, I have placed on exhibition at the Army Medical Mu-

seum at Washington quite a complete set of these plastic hands of Major Allen's, as well as photographs exhibiting their several uses. They have created not a little interest, and, I may say, favorable criticism on the part of those orthopedists who have studied them. In other words, it looks very much like a very valuable device and method which has come to stay.

Capt. Clarence Strickland, formerly of Advisory Board No. 56, has been assigned to duty at West Baden Hospital.

Capt. Fletcher Hodges, formerly an examiner of one of the local draft boards entered the U. S. service and has returned home.

Miss Mary Bowen, graduate from St. Vincent's Training School and connected with Base Hospital No. 57 in France as a nurse, has been honored with a medal "for extraordinary devotion to duty and a souvenir of honorable and courageous conduct." Miss Bowen left Indianapolis with Base Hospital No. 32.

Dr. Charles D. Humes, formerly associated with Dr. A. E. Sterne and a captain in the U. S. service, will practice his specialty, diseases of the nervous system.

The State Board of Medical Examiners revoked the license of Dr. George F. Smith, of Bicknell, because of alleged misrepresentations made when he obtained his permit to practice medicine in Indiana. Dr. Smith, it was brought out at the hearing, claimed that he had the equivalent of a high school education and presented a diploma from Vincennes university. The board granted the license in 1916. Later, the board members learned that Dr. Smith did not have the required number of units to his credit and that he did not have the equivalent of a high school education.

Dr. Ernest Brocking, who has been sick some time, has resumed his duties in the dispensary medical clinic.

Ed. W. Stucky, formerly president of the State Pharmaceutical Association, has sold his drug store on the corner of Illinois and Ohio streets to Goldsmith Bros.

Dr. A. S. Dickey, age 68, one of the most widely known physicians in the State, died suddenly of acute indigestion at his home in Tipton, Ind., February 23. He apparently had been in good health, having acted as teacher in his Sunday school class at the First Presbyterian church. Dr. Dickey practiced medicine in Tipton forty-five years, being a member of the Tipton County Medical Association, the State Medical Association, American Medical Association and the Mississippi Valley Association. He also was county health commissioner. Dr. Dickey was an elder in the First Presbyterian church. He is survived by a widow, one daughter and one son. In 1883 Dr. Dickey was professor of histology in the Central College of Physicians and Surgeons, succeeding Dr. W. Webster Butterfield, now living at Los Angeles, Cal. The college held its sessions in the Ryan Block, now standing, corner New York street and Indiana avenue. Drs. A. W. Brayton and J. A. Sutcliffe were also members of the faculty. For many years Dr. Dickey was associated in practice with Dr. M. V. B. Newcomer of Tipton. All the good that could be said of a good man skilled in healing could be said of Dr. Dickey.

Mary Elizabeth Neeley, daughter of Dr. A. S. Neeley, of Indianapolis, after a protracted sickness due to a cardiac condition following influenza, has recovered.

Dr. Harry Foreman is holding clinics at the city hospital in addition to his duties as assistant superintendent.

Dr. A. R. Keller has been appointed by the governor a member of the board of the Girls' Industrial School.

The new College building which is situated between the Long and City hospitals, will soon be ready for occupancy.

Dr. Homer Hamer, formerly with Dr. W. N. Wishard, until war duties called him away, visited Indianapolis in February.

Dr. C. P. Emerson was on the program at the Indianapolis Medical Society. His subject was "Influenza," and it was illustrated by lantern slides, case reports and blackboard drawings. Papers, according to the by-laws, should be written. The doctor held a large note-book before him and spoke an hour. It was so splendid a presentation of the subject that none suspected that his address was not written. The interest was so intense that the members did not recognize the camouflage.

#### GERMS.

There was a little germ,  
Such a sly little worm,  
A sailing all around by the million;  
And then a little mask  
Made a fine place to bask,  
And he settled on the thing by the trillion.

There was a little man  
Who was scared by the ban,  
And he wore this little mask like a muzzel,  
But the germ got in its work  
Like a busy little Turk,  
And the little man was worried o'er the puzzle.

But when he figured out  
That the way to keep 'em out  
Was not to trap 'em on his upper story;  
It was just a bit too late,  
For the germ had took the bait,  
And the little man was on his way to Glory

—H. E. NEGLEY, Indianapolis.

#### LOOKING UP.

Medical Lieutenant—And what is your ailment?

Aviation Recruit—The roof of my mouth is sunburnt, sir.

Medical Lieutenant—The roof of your mouth?

Aviation Recruit—Yes, sir; I've been watching the airships.—Judge.

## BOOK AND JOURNAL REVIEWS.

**A Manual of Gynecology.** By John Cooke Hirst, M. D., Associate in Gynecology, University of Pennsylvania; Obstetrician and Gynecologist to the Philadelphia General Hospital. 12mo. of 466 pages with 175 illustrations. Philadelphia and London: W. B. Saunders Co., 1918. Cloth, \$2.50 net.

The author has followed the scheme he uses in teaching his classes and the subject is presented in a condensed form, making a valuable ready reference book. The memory can be refreshed without reading many of the pages of a more comprehensive work when desiring to find few salient points only. Some sections represent the point of view of both gynecologist and obstetrician. The treatment follows the line which has been successful with the author, that is, it is founded on his experience.

The preface calls attention to the fact that the common disorder leucorrhea is given a chapter on account of the frequency that a patient consults her physician on the subject. We find definition, source, characteristics, diagnosis and treatment. If vulvar it is usually of gonorrheal origin. It is suggested that Bartholin's glands be dissected out and that infected Skenes tubes be injected with nitrate of silver 8 per cent, or argyrol 25 per cent. or silvol 5 per cent. by a hypodermic syringe with a blunt needle. The electric cautery may be used and an infected urethra is treated by local applications. A statement to which the reader should take heed is that unless the lesions are removed other local treatment is useless. A chronic urethritis is usually due to infected Skenes glands. We mention these points to show the reader that the subject is treated carefully and accurately. Vulvovaginitis in children is considered in Chapter XV. In mild case of vaginitis in the adult the author recommends hot douching twice daily of boric acid (gr. 10 to 1 oz.) or potassium permanganate 1-3000; (2) drying vagina with cotton and insertion of vaginal suppositories containing 3 grains of

hydrastis each night; (3) powder of aluminum acetate one part, talcum two parts, boric acid three parts, applied on tampons or by insufflation. Other forms of treatment are as carefully outlined.

What is said concerning the operation of dilation and curettage of the uterus should be read carefully.

The illustrations and suggestions to be observed in diagnosis of fibroids will aid the student and practitioner because though apparently simple of diagnosis there are many chances of mistake, all of which the author mentions. Abnormalities of menstruation can be read with profit.

An important discussion is the treatment of complications after operation. Perhaps this comment may seem lengthy for a book that costs only \$2.50, but it is entitled to it.

S. E. EARP.

**The Medical Clinics of North America.** Vol. 2. The New York Number. No. 1, July, 1918. Published bi-monthly by W. B. Saunders Company, Philadelphia and London. Six numbers a year. Price complete, \$10.00.

This is the first opportunity we have had to comment upon this publication. It reads well—both instructive and entertaining.

The first clinical lecture is by Dr. Frank S. Meara of Cornell. Here we find hyperplasia of Clifford Allbutt (essential hypertension) just a few of the points considered—differentiation from interstitial nephritis and arterio-sclerosis. Theodore Janeway's subdivision of hypertensive states. End results of age. Early and late manifestations. Therapy, prognosis. Tilney takes up Wilson's disease from pathologic findings to prognosis and finally observation at the autopsy table.

Subacute non-tuberculous pulmonary infection is illustrated by three cases with differential diagnosis from tuberculosis, management and treatment. This is by Walter L. Niles of Bellevue Hospital.

One should take a whole evening to thoroughly digest Libman's presentation

of the clinical features of subacute streptococcus (and influenzal) endocarditis in the bacterial stage. Then there follows something of equal interest concerning the minor and misleading early symptoms of diseases of the heart and circulation by Thomas F. Reilly of Fordham Hospital. One then becomes interested in dermatologic conditions, cutaneous manifestations of acute rheumatic fever in childhood, epidemic meningitis, obstructive jaundice and other important topics written by men of equal eminence.

Volume 2, No. 2, of the Medical Clinics of North America is the U. S. Army number. Octavo of 330 pages, 67 illustrations. The first presentation is by Major-General William C. Gorgas, which refers to clinical research in the United States Army Base Hospital.

Hamburger gives a study of the epidemics at Camp Taylor, Kentucky. Frothingham speaks of the function of a base hospital and Goodman of the examination of 23,943 drafted men by the cardiovascular board at Camp Jackson, Columbia, S. C.

There is in this volume a splendid opportunity for a study of the heart and circulation and of course paroxysmal tachycardia is in evidence. This is like a "home-coming" to those of us who were members of an advisory board. Pneumonia and neurocirculatory conditions are taken up with equal emphasis. The infections are not slighted and measles gets its share of attention. Anthrax, drug addiction, significance of cardiac murmurs and as a finale the prevention of communicable diseases furnish instructive reading. All the contributors are army officers and men of wide experience, especially competent to discuss such subjects in the most approved manner.

On the whole this is a war record that it would be difficult to obtain elsewhere.

S. E. EARP.

**Roentgenotherapy.** By Albert Franklin Tyler, B. Sc., M. D., Professor of Clinical Roentgenology John A. Creighton Medical College; Attending Roentgenologist St. Joseph Hospital, etc. With

illustrations. Published by C. V. Mosby Company, St. Louis, 1918.

This book is dedicated to the mother of the author, Sarah Jane Tyler.

This book is so carefully prepared that those not experts in this line of medicine can get a good understanding. The description is concise yet ample. The illustrations are a great aid to the reader appreciating the facts concerning each disease. Ten years of experience and the best literature are a basis for this treatise. We have read what is said concerning superficial and deep therapy with much profit and the descriptive matter referable to necessary apparatus was a great help. Not the least of importance is the case histories consuming seventy-four pages. Hardly a page misses a good illustration.

At the close of the text on malignant growths the author says that the therapeutic are also comparable to the action of radium. I feel that this difference in dosage and filtration is responsible for the reports of many men as to the difference of action in roentgen ray and radium. This is especially noticeable in writers from the continent where instead of using the Coolidge tube as used in America, they are still using, in many cases, the gas tube. It is impossible to get this dosage with any form of gas tube which has yet been devised.

E.

**Autobiography of An Androgyne.** By Ralph Werther—Jennie June. Edited by Alfred W. Herzog, M. D., Ph. B., M. A. (Editor Medico-Legal Journal.) Portraying the inner history and the life experience of a bisexual human. Something new in medical literature, 70,000 words, 5 full-page illustrations. Price, \$4.00. Express charges collect. Sold only to physicians, lawyers, legislators, psychologists and sociologists. Medico-Legal Journal, 123 West 83d St., New York City.

The introduction says that the reason for the appearance of this volume is missionary. It is taken for granted, and not without reason, that there is a colossal ignorance of the reasons for homosexual

practices on the one side and pharisaical pulchritude on the other side. We are presented with a study of cause and devotee.

The author does not claim that this book is a defense of those who indulge in homosexual practices and yet a palliation is almost suggested when mention is made of equal justice meted out by fair-minded men. We feel that it rather implies that this class of persons in whom the practice is congenital should obtain justice and humane treatment. It must have taken much labor and patience for Dr. Herzog to obtain the historical data. It is a redeeming feature of this publication.

There is an illustration showing the author in nude and then a Greek statue for comparison and then at the age of forty-four, which is not the usual "fat and forty" but obesity in all of its unsightliness, and yet such is useful to get the full import of the contents of this book with its life history of an Androgyne.

Impressions by a business associate, the case of Oscar Wilde and a questionnaire on homosexuality are given.

S. E. E.

**Epidemiologic Studies of Poliomyelitis in New York City and the Northeastern United States During the Year 1916.** By C. H. Lavinder, A. W. Freeman and W. H. Frost. Prepared by Direction of the Surgeon General. Public Health Bulletin No. 91, July, 1918. Treasury Department United States Public Health Service. Government Printing Office, Washington, 1918.

This report is concerned primarily with studies made by officers of the United States Public Health Service upon the epidemic of poliomyelitis which occurred during 1916 in New York City and the Northeastern United States. Secondly, there have been added collateral material from studies which were thought of sufficient significance to receive attention.

**The Foreigner a Prey of Medical Quacks.**

By Henry R. Krasnow, M. D., Chicago.

Reprinted from the Illinois Medical Journal, Issue of November, 1917. Read before the Chicago Medical Society, Douglas Park Branch, January 16, 1917.

The title of this paper is rather misleading. It would be more just instead of "The Foreigner a Prey of Medical Quacks," to call it "The Foreigner and the Medical Profession a Prey of Medical Quacks."

The foreigners, as a rule, do not differentiate between the regular physician, who does not advertise, and the advertising quacks. Quite the opposite; they look upon the advertising charlatans with considerably greater respect than upon the regular physician, as in their childish simplicity, they look upon everything printed in the papers as absolute truth. They do not understand even, that an advertisement is written and paid for by the advertiser, and innocently think that it is the newspaper that praises those physicians, because they are so good.

In conclusion Dr. Krasnow says:

"What is the reason of such a phenomenal financial success of the quacks, and how to overcome it?

1. Ignorance of the foreign masses.
2. Distortion of the idea of personal liberty by clever lawyers, which give to the quacks a standing in courts.
3. The quacks are organized. Their organization is rich in funds, and very able lawyers are in constant employ to defend any one of the members of their organization. And their funds, as I have heard but can not substantiate, are very often used for illegitimate, as well as legitimate, protection, and lastly—
4. The apathy of the regular medical profession.

As to the means of fighting the quacks, I would not go into details. First, the causes above mentioned are to some extent indicative of the way in which we have to proceed in the protection of the poor foreigners and our own interests.

Secondly, the subject is naturally a very complicated one and will necessitate a considerably longer paper than the time I can spend.

Thirdly, I expect that in the discussion

attention will be paid to the means of fighting the quack rather than to corroboration of the facts I stated, and

Fourthly, because I am going to conclude my paper by asking for a resolution to appoint a committee by our branch, which in conjunction with a lawyer, should take up that question and report on a detailed plan of action.

If this proposition will pass, I will feel that our time here has not been spent in vain."

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**A Review of the Report of the Indiana State Fire Marshal on the Indiana Central Hospital for Insane.** By George F. Edenharter, M. D., Superintendent of the Central Indiana Hospital for Insane, Indianapolis, Ind., to the Governor. October 1, 1918, Indianapolis.

This publication is what the title implies. Sarcasm and ridicule abound in the method used in taking the marshal to task. A spade is called a spade in each appropriate instance. Editorials concerning this publication appeared in the daily papers and Dr. A. W. Brayton wrote one for this journal. S. E. E.

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**Surgical Treatment. A Practical Treatise on the Therapy of Surgical Diseases for the Use of Practitioners and Students of Surgery.** By James Peter Warbasse, M. D., formerly attending surgeon to the Methodist Episcopal hospital, Brooklyn, New York. In three large octavo volumes, and separate desk index volume. Volume III contains 861 pages with 864 illustrations. Philadelphia and London. W. B. Saunders Company, 1919. Per set (three volumes and the index volume): cloth, \$30 per set.

Each volume of this series has been noted in this department immediately upon its receipt. We regard these several volumes, of which this is the third, as a splendid presentation of surgical treatment, as it should be recognized today. Promptness in our book notice is the form of justice to which author and reader are entitled. Delay would be an injustice. Our readers can now

determine, so far as our opinion is concerned, whether or not the contents of volume three has kept pace with the other two.

I do not hesitate to state that I am convinced that the profession will give a unanimous verdict in its favor.

Type, paper, illustrations and text are of the highest order.

Hernia, rectum and anus and gall-bladder have a relationship to titles and the subject matter is standard and entertaining. The illustrations in every instance are not only helpful, but dependable because they are accurate and are distributed appropriately to furnish the best information to the reader at a time most needed. Much space is covered by the subject of the genito-urinary organs, and it is equal to some of the books independently devoted to this subject. Then we find something about the female generative organs and all praiseworthy. Electricity and radiation find space, while, on account of its importance, the subject of amputation consumes many pages, and too, splendidly illustrated.

Plastic and cosmetic surgery find a place also.

First aid and bandaging do not fall behind in the essentials and precede a short presentation of the economics of surgical treatment.

A separate volume contains a complete index to volumes 1, 2 and 3. Type and paper are of a superior quality as found in the other volumes and the careful arrangement of subjects will make it one of the best guides when it is desired to find a particularly needed topic.

S. E. EARP.

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**Quarterly Medical Clinics.** A series of consecutive clinical demonstrations and lectures by Frank Smithies, M. D., at Augusta Hospital, Chicago. January. Vol. 1, No. 1, published by Medicine and Surgery Publishing Company, Inc., Metropolitan Building, St. Louis, Mo. Price \$1.50.

The source of the contents of this publication is the work of Dr. Smithies. The clinics and lectures were delivered

before the senior students of the school of medicine of the University of Illinois. A careful record has been kept to avoid repetition and furnish definite material from which the author has been able to select examination questions.

This volume contains the bulk of the clinical matter presented during the past three months. The material is so grouped that it reminds one of a textbook, except it is up-to-date rather than like some of them, several years behind time. After many of the topics there is an illustration and comment. Laboratory procedures are given, for instance, a test-meal examination, determination of total acidity and method of estimating the hydrochloric acid. These seem to come in frequently as appropriate and instructive fillers. This I am sure is a very important feature. It is needless to mention each clinic in detail or a review would be a book like this one, and yet, since it may be well to demonstrate the thoroughness of some one, it may give an adequate idea of others. For instance, respecting the clinic on anemia, after the usual form of a case report a special examination is given and then follows good plates, two of the tongue and four of the spleen. Then there appears a tabulation of the severe and primary anemias. The author's regime is presented. In constipation a page is devoted to the etiology in tabulation, while otherwise it occupies several pages. Then we find a food chart. On page 122 every detail in the treatment of heat exhaustion, delirium tremens and cardiac incompenation is shown not excepting the parallel columns to aid in the differentiation of heat exhaustion and thermic fever.

The last clinic is that of a middle-aged man who complained of frequent vomiting and epigastric pain. This gives an opportunity to discuss all things pertaining to gastric ulcer. From diagnosis to treatment it is complete.

This is the first volume which has been given to the profession and no doubt it will be received with favor.

S. E. EARP.

## REPRINTS.

The following reprints are by Dr. Daniel W. Layman, of Indianapolis: Report of a case of purulent leptomenigitis of otitic origin. Results obtained by tonsillectomy in the treatment of systemic diseases.

Quackery Report of the Committee Appointed by the Douglas Park Branch of the Chicago Medical Society. By Henry R. Krasnow, M. D., Chicago. Read before the Chicago Medical Society, Douglas Park Branch, May 15, 1918. Reprinted from the Illinois Medical Journal, issue of January, 1919.

This paper is followed by discussions and comments by some of the leading physicians of the country.

When the Tide Turned, The American Attack at Chateau Thierry and Belleau Wood in the First Week of June, 1918. By Otto H. Kahn. An address at the United War Work Campaign Meeting of the Boston Athletic Association. November 12, 1918.

This patriotic address was given to help raise the needed funds to enable the organizations included in the United War Work Campaign to carry on their good work.

## "GENERAL SUICIDE."

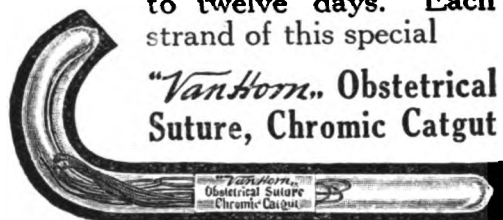
There is a Red Cross General, just one. He is a little chap—so little that you'd hardly observe him in a crowd of schoolboys—and he was in the thick of things at Chateau-Thierry. He has an impersonal, preoccupied air as he sits on the front seat of his camion beside the chauffeur. Once he was seen to pilot his car out into the field where shells were bursting twenty feet apart, to detour ahead of everything, hit the road again, and dash on.

"Say!" demanded a doughboy, "who is he, that skimpy little Red Cross feller who always looks as if he had the whole American Army on his mind?"

"Dunno his name," responded someone else. "The boys in my outfit call him General Suicide."—From Melville Chater's "Chasing a Victorious Army," in the January Red Cross Magazine.

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No. 4

## ORIGINAL COMMUNICATIONS

### EAR, NOSE AND THROAT COMPLICATIONS OF INFLUENZA AS SEEN BY THE GENERAL PRACTICIAN.

By Samuel J. Copeland, M. D., Indianapolis.

The general practitioner is confronted each day by some new complications arising from influenza. The manifestations are so protean and so widely distributed that no organ or part of the human body is immune.

This paper shall be confined to some of the after-effects of influenza on the ear, nose and throat which come within the experience of the general practitioner. While many of these complications arise at the time of the original disease, many do not develop until weeks and months later.

A very common after-effect of influenza is vertigo. The patient complains of "dizziness," either continual, at intervals, or after some certain movement or position of the body. The attacks vary in intensity from a slight fleeting vertigo to a complete inability to stand or even to sit erect. It is not fair to tell him that his trouble is due to weakness and will "soon wear itself out."

Nor is it always good therapy to rely upon a purging by calomel to afford relief. In all probability there is an involvement of the vestibular apparatus. While most cases recover in time by expectant treatment, still the proper tests will disclose the real nature of the difficulty and enable one to be on guard for other danger signs.

Patients complain of a dryness and burning in the throat, of a tickling sensation, of a desire to cough and of difficulty in swallowing. These symptoms may arise early or may continue after the original disease is cured. On the other hand, they may not appear until weeks after the patient has been dismissed.

Examination reveals reddened, congested membranes of the tonsils and fauces; of the epi-pharynx; of the pharynx and of the larynx. These conditions give rise to a train of symptoms which occasion great pain and discomfort to

the patient. The laryngeal inflammation is part of a general attack which involves the entire upper respiratory tract, including the trachea and bronchi. There is but little secretion. Congestion and engorgement of the vessels are the principal features. Later a watery exudate may appear. Expectoration is scanty. At times there is slight hemorrhage. In the pharyngitis there is an extreme dryness, pain and soreness which are aggravated by talking and swallowing. Extensive inflammation and a marked congestion are present. There is a sensation of a foreign body in the pharynx. A cough is usually present; secretions are slight at first, but more free as the disease continues.

Another frequent complication is tonsillitis of a non-suppurative variety. The writer has seen fewer cases than usual of lacunar tonsillitis during the present winter. The experience of other men seems to be the same. The majority of cases now observed are of tonsils and fauces reddened, swollen, extremely painful and non-suppurative—the type which someone has called “Streptococcic Tonsillitis.” The cervical glands are swollen and extremely tender. The pharynx and nasal cavities are usually involved. Frequently with tonsillitis and faucial inflammation continuing day after day, the patient will complain of an occasional sharp pain in one or both ears. A few hours later the pain becomes boring, throbbing in character, is excruciating and persists without ceasing. It is generally worse at night. In adults there is seldom any fever; in children and the young the temperature may range as high as 105°. Mention of the condition is seldom made to the physician. The usual home remedies are applied. External heat is used and in twenty-four to forty-eight hours the pain is suddenly eased on the appearance of a bloody discharge from the ear. Here we have one of the most common complications of influenza—an otitis media—either suppurative or catarrhal. In the ear, nose and throat department of the New Orleans Post-graduate School, during the month of January, 1919, the

writer saw a great number of these cases. As many as 300 patients in a day were treated, 90% of whom were suffering from complications of influenza. Of that number the major part were affected with middle ear disease.

In some of the outbreaks of the past few months, the infective organisms seemed to have a strong tendency to invade the middle ear by extension through the eustachian tube. The manifestations have often been very violent, involving the mastoid and even the internal ear. It is not the purpose of this article to recommend any certain line of treatment. In general, spontaneous rupture should be avoided if at all possible. A smooth puncture in a selected quadrant of the tympanum is preferable to an opening made by nature. Suppurative cases should be evacuated as soon as possible. Opinions differ as to the procedure in the catarrhal forms. If in doubt as to whether we are dealing with a suppurative or catarrhal condition, the case should be treated as suppurative.

In suppurative otitis media one must be continually watching for antrum or mastoid involvement, for in a few hours fatal developments may take place. However, as a rule free drainage will lessen the probability of danger. In practically all cases where properly treated from the beginning, complete recovery will result. But a middle ear which has been discharging for a long period of time cannot be restored. In addition to the probability of loss of hearing is the greater danger of serious involvement of the deeper structures.

Another frequent complication of influenza is rhinitis. The patient is compelled to blow the nose almost continually, while there is a constant dropping of mucus into the throat. The discharge at first is thin and watery, but later is thick and glairy or muco-purulent.

Those who have suffered from influenza often speak of never having been without a headache since their illness. The pain may be frontal, may radiate over the side of the face and head, or it may be around the eyes. It may be sharp or dull; it may be continual or

occasional. There is a ringing and fullness in the ears and a cracking sound on blowing the nose. The sense of smell and taste are lost, frequent attacks of sneezing are common, a burning, stinging, dryness in the nose, a pressure high up between the angles of the eyes and heat about the eyes are felt, accompanied by nasal obstruction. The patient is miserable, weak and listless, not sick enough to be in bed and yet not well enough to be up and about his usual duties. The toxins generated by the local conditions added to the latent toxins from his recent illness so lower his vitality that he is physically and mentally unfit for his usual trend of life.

On investigation the nasal membranes are reddened, inflamed and turgid, interfering with drainage from the sinuses. The nostrils are filled with a watery exudate, later muco-purulent. One or more of the sinuses are involved and dam-

ming up of the secretions causes the distressing pain. Under appropriate treatment the turgescence may be reduced and free drainage instituted. The pressure is relieved and the pain disappears. The sinuses often become infected and a true sinusitis results. In this event drainage may not suffice and relief must be sought in surgical measures.

These common complications are of daily occurrence and must be dealt with. The line of procedure must be determined by each and for each individual case. In general, pathological or abnormal conditions magnify the trouble. Abnormalities must be corrected in so far as possible, and the condition of the patient will permit. In spite of every precaution, following each new outbreak of influenza, there will be a crop of ear, nose and throat complications.

427 Newton Claypool Bldg.

#### LETHARGIC ENCEPHALITIS.

By Claud A. Robinson, M.D., Indianapolis, Interne Indianapolis City Hospital.

It has been reported that 50 per cent. of lethargic encephalitis are fatal; therefore we feel justified in reporting the only case that has been diagnosed as such at the city hospital.

This was one of the bedside clinics of the senior section of the Indiana University School of Medicine, and conducted by Drs. S. E. Earp and C. F. Neu.

History of Case—Mr. W. A. Young, white man, age 21, was admitted to the hospital Feb. 7, 1919. He was in a stuporous condition. Temperature 104°, pulse 118, respiration 30. He was aroused with difficulty, and complained of having severe headache and general malaise for one week. A note sent in by the family physician stated that the young man had not been feeling well for past ten days; that he complained to his people of having severe headache, numbness in right hand, some difficulty in protruding tongue; his people stated that he was drowsy and muttered when asleep and seemed to be getting worse. The doctor was not called until Feb. 6, 1919, and he found the above condition, and the patient had

a temperature of 102, pulse 84, respiration 18. Any history prior to that time not obtainable.

Physical Examination — Pupils equal, contracted, and do not react to light. Face flushed, lips dry, tongue coated yellowish brown. Patient drowsy, muttering and can be aroused with difficulty. He carries out ordinary commands, but immediately becomes semi-unconscious. Tongue is protruded with difficulty and deviates to the right. Neck has some rigidity and chin cannot be placed against chest.

Heart, chest and abdomen apparently normal, findings at this time.

Penis showed signs of recent medication and a suspicious scar around glands.

Patellar reflexes present.

Koenig's sign in both lower extremities present to some extent.

Babinski sign positive in right foot.

Clinical and Laboratory Findings—Feb. 7, 1919, white blood count, 16,000 cells; blood pressure, systolic 106, diastolic 46. Feb. 8, 1919, spinal fluid withdrawn under increased pressure but clear.

Direct smear stained and culture of fluid found no bacteria. No increase in globulin and cell count was normal. Feb. 8, 1919, blood for Widal negative; Feb. 10, 1919, blood for Wassermann negative; Feb. 12, 1919, blood culture negative. Feb. 13, 1919, urinalysis: Sp. gr. 1024, acid, straw color and clear; no sugar and only a trace of albumen; a few pus cells, a few epithelial cells; no crystals, no casts.

During the first three days patient remained in the stuporous condition, with low muttering delirium. Involuntary urination and defecation. On the fourth day, Feb. 10, 1919, patient had to be restrained in straight jacket. Kept in same for three days and nights.

Temperature at evening of first day 105°, pulse 140, respiration 30. There was a gradual decline in the temperature until it was normal on Feb. 12, 1919, pulse 95, respiration 24. However, on Feb. 14, 1919, his temperature again went up to 102, with no change in pulse or respiration.

Beginning on the fifth day after entry into the hospital, patient had acute retention of urine and constipation.

On Feb. 17, 1919, or ten days after coming to the hospital, patient was much brighter yet somewhat stuporous, but was permitted to go to toilet. From that time on there was no trouble with bladder, but patient remained constipated.

On Feb. 13, 1919, patient was examined by mental and nervous staff doctor, who found that "patient" protruded tongue with difficulty and that it also deviated to the right. Also had nystag-

mus in both eyes, in lateral and vertical planes. Right pupil larger than left. Plantar reflexes normal, patellar reflexes normal. Koenig's sign suspicious. Cervical rigidity suspicious, hand grasp weaker in right. Pupils do not respond to light. Suspicious choked disc in left eye. Patient could be partially aroused, carried out ordinary commands, but immediately fell into semi-stupor. An X-Ray picture showed no trouble in skull.

On Feb. 14, 1919, eye man examined patient's eyes. Right eye showed slight edema around the disc, light streak on blood vessels lost. Left eye showed marked edema around the disc and also absence of light streak on blood vessels.

For twenty-five days the patient's temperature varied from 98 to 101 and his pulse was also very irregular; it varied from 50 to 100. Respiration also varied from 14 to 32. The stupor very gradually disappeared and patient was discharged as cured on March 16, 1919.

Treatment—Sodium salicylate in very large dose per rectum at first, later by mouth. Urotropin, 5 grains every four hours; strychnine sulphate, 1-30 grain. Ice cap to head during stupor and fever. Forced liquids and milk diet.

During first two days there was a violent delirium and the straight jacket was necessary. Then, when the condition became comatose urine and feces passed involuntarily. The reader will recognize that the differential diagnosis embraced ten conditions and required the most careful study, with valuable laboratory aid. I regard this case as one of the most important for the student section to study at the bedside clinic.

#### TREATMENT OF TAPEWORM BY THYMOL.

By C. J. McIntire, M. D., Indianapolis.

Thymol is a powerful antiseptic and disinfectant. Internally in doses of 10 to 30 grains per day, it causes epigastric heat, sweating, ringing in the ears and deafness. It escapes chiefly by the urine, which is increased, and becomes olive-green after poisoning. It lowers arterial tension and reflex action, reduces

temperature and may cause fatal coma.

The nerve centers of the cord are paralyzed by large doses. Various writers give the dose from 10 to 120 grains.

Six deaths have been reported from its use. It has been used in typhoid fever in doses of three grains every six hours. To remove round and thread

worms it has been used by mouth and by enema.

Thymol is well known for its power to remove the hookworm, and is usually given in thirty-grain doses.

Campi has reported the successful use of thymol as a taeniocide, but his manner of procedure was not available.

My experience with thymol as an anthelmintic has been confined solely to its use against the tapeworm. This experience covers six cases over a period of seven years. The cases have been followed and there has not been a single recurrence.

The first difficulty was in deciding upon the dosage. From the above variation it can be seen that there was no rule of dosage to follow. Small doses failed to produce results, and the reports of fatalities argued against the use of large amounts at single doses.

The following procedure was adopted: Absolute fasting for thirty-six hours, with saline laxative at beginning and end of first twenty-four hours. At the expiration of thirty-six hours, ten grains of thymol in capsules were given every hour until vertigo was produced. When

this appeared another saline was given and the patient placed over a jar containing hot water. The amount of thymol required has varied from thirty to sixty grains. The amount of parasite from fifteen to sixty-six feet.

The patients complained of nothing except vertigo and a sensation of heat. They were all able to follow their usual duties the next day. They were equally divided as to sex, varying in age from twenty to forty-eight years.

One of the females was pregnant. The treatment had no effect on the pregnancy.

One male was tuberculous. The pulse and temperature were in no way affected.

The remaining cases offered nothing of interest. Thymol does not produce vomiting nor disturb the digestion as do male fern and pomegranate, and it is much more certain in its actions than pumpkin seed.

When given in ten-grain doses repeated hourly the danger of poisoning is small. The one caution is never to follow thymol by oil, as oil puts it in solution and allows too rapid absorption.

#### DESCENT FROM EDUCATED GRANDFATHERS.

\*By Casper L. Redfield, Chicago.

A man has several sons. He was older when the second son was born than he was when the first was born. He was still older when the third was born, older yet when the fourth was born, and so on. Is there any difference in the qualities of these sons by reason of the difference in ages of the father when the sons were conceived?

That is a fair question, and one which can be properly answered by a direct investigation of the thing itself. Can we get the answer by comparing the brothers

with each other? Not very well in human beings because ordinarily the difference between the age of the father when the first son was born and his age when the last was born is not great, while the opportunities which different sons have vary greatly. One son gets into the spotlight and is observed by all observers, while the other works behind the scenes. The work of the latter may involve greater ability than that of the former, but we do not see it and we judge by what we see. When brothers get into the same business, the one first in is the one the public sees and knows, while the last in is the one the public does not see and does not know.

\*For previous articles by Mr. Redfield, see *Indianapolis Medical Journal* for October, 1917, March, 1918, and September, 1918. For a general discussion of the principles involved, see Redfield's *Dynamic Evolution*, published by G. P. Putnam's Sons, New York.

But what we cannot ordinarily find in a single generation we may reach by compounding the matter. Those several sons each have several sons, giving us

grandchildren of the original man. Here we may get a greater difference in years of parental age by comparing the eldest son of the eldest son with the youngest son of the youngest son. We also get rid of those conditions in which one brother dominates another. Cousins, more than brothers, are separated in both time and circumstances, and each more nearly has a fair start.

I made a direct investigation of this matter in forty-eight families taken from the published genealogies of Bliss, Redfield, Eddy, Crosby and Chapman. The forty-eight grandfathers had a total of 506 male-line grandsons. This is an average of more than ten male-line grandsons for each grandfather. Each family was treated as a unit, the grandsons of each man being arranged in the order of their births. The records were then searched to see what ones of these grandsons became more or less prominent in the neighborhoods in which they lived. Comparing the eldest grandsons with the youngest grandsons gave the following table:

Of 48 first-born grandsons, 6 were prominent.

Of 48 last-born grandsons, 20 were prominent.

This indicates that the youngest son of the youngest son is superior to the eldest son of the eldest son. More accurate and detailed investigation, however, shows that, in the long run, the amount of superiority is directly measured by the years elapsing between birth of grandfather and birth of grandson. This is not only seen by bringing the intermediate grandsons into the comparison, but by many different investigations directed to determining the same question. In examining the pedigrees of the great men of the world it was found that they were born on an average of more than eighty years after the births of their grandfathers. In about 10 per cent. of the cases in which it was possible to determine the facts for two generations in the male line, the grandson was born more than a hundred years after the grandfather. Such things are not normal in any community in the world.

That superior children come from older parents and not from younger parents is a fact which has been recognized by every person who has given the matter more than a superficial consideration. Attempts have been made to explain this by saying that parents give the younger children better educational opportunities than are given to the elder ones. The statement is not true in the sense in which it is intended by the explanation. This may be seen in the lines of descent from the forty-eight grandfathers to their 506 grandsons. Among those sons and grandsons, college education was more frequently given to the elder sons than to the younger sons, and part of the six prominent first-born grandsons were college graduates who were sons of college graduates. Yet in spite of the advantages given to the elder children, the greater amount of prominence came through the younger ones. There is a vast amount of evidence to show that the best parent is the child of old parents.

There have been many other attempts to explain the fact that we get improvement from older parentage and not from younger parentage, but the best way to separate what is true from what is false is to carry the matter over into the pedigrees of horses, dogs and cows. There also we get improvement through the offspring of old animals and not through the offspring of young animals, but we do not get it through all old animals. It comes through only part of them. By separating those old animals which were progenitors of improving stock from those old animals which were progenitors of degenerating stock, we can learn what it is which leads toward improvement and what it is which leads towards degeneracy.

Given two colts who are so much alike in their inheritance that it is impossible to say which is superior to the other. At three years of age one of these colts is placed in the stud and remains there during his entire life. The other is put into training as a yearling or a two-year-old. Perhaps he is raced and perhaps not. Whether raced or not, we

will assume that he does hard trotting work on the road year after year until he is ten or twelve or more years of age. During these years of hard work he is bred occasionally at rare intervals. After he is twelve or more years of age he is placed in the stud. Thereafter he is used for breeding purposes, but still continues to do a moderate amount of trotting work, enough to keep his muscles in good shape.

What will the record say twenty, thirty or forty years later about descent from these two horses? Will the greater number of superior animals come from that horse who was in the stud all his life and got many foals, or will they come principally from that horse who was there only a few years and consequently got only a few foals? Will there be any difference in the progeny got by these two horses in the different parts of their lives?

The assumed horses represent simply a generalized statement of examples which I have found by the hundreds and thousands in horse history, and the records give very definite answers to the questions asked. The improved stock comes from the few animals got by the horse who worked hard at the trot, and not from the many got by the horse who stood idle in the stud. Furthermore, the best of the animals got by the idle horse were those got when he was young—the later progeny becoming relatively poorer the longer he was idle. For the horse who worked, the progeny improved the older he grew—the best coming from the later years of his life.

It was assumed that the horse who was worked in early life continued work in his later life after being placed in the stud. There are a number of cases of that kind in horse history. But the cases are much more numerous in which the horse who was first placed in the stud at the age or ten or twelve thereafter stood idle—did no further trotting work. Looking back at those horses after a lapse of thirty or forty years—a long enough time to enable us to get a true perspective—it is found that they got their most valuable progeny in very

small fractions of their lives. Those small fractions find their center points at the dates when the animals retired from active work and entered the stud. Going away from that date, either toward early life or late life, the progeny become poorer in proportion to their distance in time from that point.

The reader should not get the impression that the above represents a dogmatic statement. It is the result of a direct investigation of the thing itself for determining the effect of "educating the grandfather". That education may be either physical or mental, but whether physical or mental it develops the powers of the organs exercised. In horses we may spot that education exactly and measure its amount up to the time of reproducing, and from these things we can determine what effect the previous education in the parent has upon the subsequently produced offspring. We also learn that time, as represented by the age of the animal at the time of reproducing, is a factor in determining the amount of preceding education.

Taking the facts learned in horses back into human beings, we can determine what it is about old parentage which produces superior children. A man living in an ordinary community may not be excessively active from the mental standpoint, but he is not idle. Mere contact with one's fellow-men gives a person an education which develops mental powers, and the amount of that education is determined by the number of years the educating process has continued. The youngest son of the youngest son is superior to the eldest son of the eldest son simply because the father and grandfather in one line of descent were educated for more years than the father and the grandfather in the other line.

For some time the current teaching has been contrary to that set forth above, but that teaching is not based upon ascertained fact. It is an illegitimate deduction from wholly irrelevant matters. Those persons who deny that animals are born superior by reason of descent from educated grandfathers never inves-

tigated a case of the kind. Nowhere in their literature is there an example of their having traced descent from grandfathers educated to different extents. Nowhere in their literature is there a case of their having measured the amount of a physical or mental education in the terms of the work necessary to obtain it. The only published evidence on this matter is that which I furnished after years of patient investigation. That evidence is direct and positive. Its accuracy has never been disputed.

The evidence relating to the trotting horse was published several years ago in *The Horseman*, *The Horse Review*, *The Horse World*, and other journals devoted to the trotter. That evidence was considered by experts during several years of discussion and was acknowledged to be accurate. Similar evidence relating to improvement in milk production, and improvement in hunting dogs, was published in journals devoted to those animals. This evidence has since been condensed in "Dynamic Evolution," published by G. P. Putnam's Sons, New York. No one has yet shown any case of improvement in mental or physical power arising in any other way than that set forth. The application of scientific methods in measuring acquirements quickly tells the story.

Seventy-five years ago there was no horse in the world capable of trotting a mile in 2:30. Now we have hundreds of horses who have trotted a mile in 2:10 or less. Here is positive improvement positively known, and we have pedigree records and historical records which give us the details of the operations by which that improvement was brought about.

We have cows who produce very large quantities of milk, and we have pedigree records and official tests of their ancestors for two, three or four generations in the past, and we can determine positively that these cows produce more milk than any of their known ancestors. Here is positive improvement positively known, and records which tell us the steps by which this improvement was obtained.

After I had investigated these cases of improvement in horses and cows, and other cases of improvement in mental and physical powers in men, dogs and other animals, I offered \$1,000 for a single example of actual improvement having occurred in any other way than in accordance with the principle of "educating the grandfather". The offer was for "real evidence" of any kind which would show a contrary case in any animal. The money was deposited with the American Genetic Association of Washington, D. C. It remained there for more than a year and a half, and then was returned to me.

Notwithstanding all that has been said, and is being said about improvement being the result of "natural variation", "selection", "mutation", etc., not one of the persons who claim that improvement in animal powers come in these ways could furnish a particle of evidence to support their statements. If anyone again says that "educating the grandfather" is not the basis of improvement in animal powers, just ask about that \$1,000. Also, ask why anyone should believe the theories of current teaching when the teachers of those theories cannot furnish a particle of tangible evidence in support of their doctrines.

#### BIRTH CONTROL.

By P. A. Zaring, M. D., Brownstown, Indiana.

At the present time it is difficult to think of any great disaster except the world war. But the world war itself is only one of the factors of the greater disaster of race-suicide. The other factors are celibacy, early marriage, the

production and reproduction of neurotics, criminal sterility, infanticide, and birth control.

Eugenics has been defined as "the process of producing better babies." But this is not sufficient. If I should



experiment with apples till I had produced a variety decidedly larger than the largest, and decidedly better than the best, you might leap to the conclusion that the time had come to dispense with all other varieties, and retain only this super-excellent kind. But if my trees were very poor bearers, such a development might on that one account be an egregious failure.

So with the improvement of the human. If we aim only at the production of better babies, without any reference to numbers, the human race will disappear from the earth. Eugenics means the production of better and better babies, and more and more of them. With an improved race necessarily comes improved environments. For example, an acre of land will produce more when cultivated by scientific methods than when scratched over with a crooked stick, as in the times of old. Then if the population does not increase, and thus increase the demand for produce, the more and more we improve our methods the fewer and fewer acres will it be necessary to cultivate, the larger and larger will be the tracts abandoned to waste with its attendant conditions. Then an actual increase of population is an essential feature of eugenics, as well as physical, mental, moral and social development.

Fewer babies, or a fixed number of babies, or inferior babies, means race-suicide.

Celibacy is the unmarried condition of both men and women, of marriageable age. The causes for their being so are many. Some idiots, lunatics, invalids and other unfortunates remain single because they are unfit to marry. Their being so is a case of race-suicide; but since they are so, it is not race-suicide for them to remain single. For such persons to marry and raise children would constitute another case of race-suicide. Eugenics would demand that such degenerates remain childless.

But apart from all this there are other causes for celibacy. For examples: Some good men decline to marry because they know they cannot support wives as

fashionable women demand. Many women decline to marry because the men who happen to propose could not support them in as high a circle as they can maintain themselves. And this bears directly on eugenics, for the women who can succeed in the affairs of life better alone than with an average man are the very women who could produce the best babies, and should produce the most of them.

Neurotics are produced by breeding neurotics, and weakly parents, and by apparently normal women being in an improper physical and mental condition during gestation.

Criminal, or vicious sterility has reference to cases in which persons otherwise normal become sterile by venereal disease or by surgical operation. Thus men have produced hypospadias, and even castration. And many women have had ovariectomy and hysterectomy performed for no other cause than a determination not to reproduce.

At first thought one might suppose that early marriages would mean larger numbers of babies and therefore would be demanded by eugenics. But there is another thought coming. For people who marry young are quite as apt as others to practice birth control, and so not to increase the number of babies, while the few they do produce are inferior on account of the parents themselves being immature.

A great many animals can reproduce at the age of one year. Suppose the human could. At that age children cannot talk. It does not need proof (which were impossible) to show that in a few generations there would be a race of humans that could not be taught to speak, no matter how long they might live, for they would not have inherited the faculty of speech from their ancestors. The first generation of such parents would learn to talk some. The second would talk, but not so well. The third would talk still worse; and so on, till the faculty of speech would be lost. And they would become smaller and smaller from generation to generation

till they would be no larger than their parents at the time of reproduction.

Or suppose humans to reproduce before developing self-consciousness. Then there would be a race that would never develop self-consciousness. The human can reproduce before the physical body is fully grown, and sometimes does. Suppose the children thus produced should reproduce before their maturity for several successive generations. They would degenerate in size, strength and longevity.

Furthermore, at such premature age of the body the mind is far from being mature. Reason, judgment, imagination are comparatively nascent. It might offend the high school graduates to say that they are not as intellectual as these older people. But such would be the truth. And such would be the truth concerning the college graduates even. But as they advance to later and later years they will recognize from time to time that their intellectual powers are growing stronger and stronger all down to the beginning of dotage.

Then when young people marry before these faculties are fully developed, they can transmit only these partially developed powers to their children. So, other things being equal, the younger members of large families are superior in every particular to the older ones. Also the first children of parents who marry at mature age should be better than if the same parents had married younger. Of course, parents might produce bright children and afterward become weakly, dissipated, or otherwise deficient, and produce worse children. But if normal conditions are maintained, the later children will be superior.

Man is superior to domestic animals, and controls their breeding. And it has been ascertained that animals whose parents were mature are superior in every particular to offsprings of the same parents while they had been immature, provided that such parents had been kept in use and improvement. The race horse must be kept racing; the milk cow must be kept milking; the hunting dog must be kept hunting; the show animal must

be kept in training. And when this is done, the older and older they grow, and the more and more mature in their specialties, the better and better will they produce, all down to old age. In the decline of life their young will be inferior to what they had produced when at their best.

So, if there were superior beings to take charge of human breeding, they would undoubtedly manage us on the same principles that our best stock-breeders have learned to manage brutes. They would eliminate all neurotics and weaklings from breeding privileges. They would prevent early mating. And they would require each couple to produce as many young as they could support, and the superior beings would decide what the numbers should be, and if they could produce a larger number of eligible children than they could support the state would lend its help.

To maintain the population, or any grade, or class, of the population at par, it might at once seem sufficient for each couple to produce two children to take the places of their parents in the hereafter. But a percentage of these children will die in infancy. Another percentage will die later, but yet within premature life. Another percentage will be sterile. Another percentage, even though from good parents, will be degenerates. And still another percentage will be life-long celibates. Wherefore it is estimated that to maintain the human standard at par it is necessary for the average couple who can produce children to produce as many as four. To improve the human breed, each couple of the better classes should produce more than four—as many more as possible.

The breed would improve some, however, without such selection, by deferring marriage till the prospective parents themselves are improved. Even dullards (not neurotics) come more nearly being intelligent at thirty-five to forty-five than they had been at twenty to thirty. And their later children should get the benefit of this later improvement, however slight it may be.

If some well-favored island were popu-

lated with the very best men and women physically, mentally, morally and socially, and they should establish the rule of mating early—say as soon as they could reproduce—and then as soon as practicable produce their four children per couple to maintain a fixed population, these children being produced before their parents were mature, would average at maturity something inferior to their mature parents. The next generation would fall a little lower still. And so with every succeeding generation. They would become smaller and smaller, weaker and weaker, simpler and simpler, and senility would arrive earlier and earlier, as generations would pass away.

But if such an island were populated with ordinary, or even below ordinary men and women, simply without transmissible disease; and if they would by any means eliminate neurotics from reproducing; and prohibit early mating, so as to produce their four children per family as late in life as nature would permit; the race would improve in every particular. The menopause would occur later and later in life; longevity would increase from generation to generation; and there would develop a race of physical and mental giants, with the purest morality, and the most ideal social relations.

A black negress gave birth to a mulatto son; he married a white woman; his quadroon daughter married a white man; their octoroon children showed but slight traces of their African descent. One of these octoroons married a blond woman, and the old black ancestress lived to see her posterity as white as any other children, with yellow hair and blue eyes. This was done by crossing every time with the white race till every trace of the original black was eliminated—and it didn't take long. So if only the most perfect men of each generation would be the fathers of the next, in a short while, perhaps six generations, every trace of our lower nature would have disappeared, and a new earth would obtain, and a new heaven would be unnecessary.

Of course, this sounds like a plea for

polygamy. But everybody knows that polygamy has failed to produce such results in the past. But that is because it has never been conducted on scientific principles. And it never can be, on account of the absence of the superior beings who could, and would, manage it as we manage stock-breeding. Therefore, those who understand it best would naturally oppose it most. But we could and should prohibit neurotics from marrying, and we could and should prohibit early marriages, and by these means alone the human race would evolve so rapidly that all human problems would soon solve themselves.

Infanticide is practiced for the most part by savages. Their mating comes early, in response to the dictates of venal passion. A small number of babies follow promptly. Then the parents see no way to support others, and they destroy the later and better products. No wonder they remain savages forever. No tribe ever would have become civilized had not their environments caused them to marry later and later in life.

But so-called civilized people practice infanticide some. Perhaps every physician in the general practice has known bright, healthy babies to be strangled or starved because they were intruders. I have strongly suspected the like of parents who were able to do a good part by most any number of children. A few days pass away, and on a pleasant Sunday they are to be seen dressed up as fine as other people, and going to church in their automobile, and occupying a costly pew, and dropping in their coins to civilize the heathens who also practice infanticide. If the preacher happens to read the text, "No murderer shall enter the kingdom of heaven," they don't care a darn, for they don't believe a word of it anyhow, and they know at the same time that the preacher himself is practicing race-suicide by some means or other. It makes a physician want to "cuss God and die".

The principal method of race-suicide is birth control. This is now being openly advocated by many writers. And the sophistries they propound in sup-

port of their thesis are too contemptibly puerile to deserve mention. Of the many articles I have read on the subject, not one had been written by an author who was familiar with the cardinal facts of eugenics.

The methods too I will pass by, as this is a medical journal article, and every physician knows enough about the methods of birth control. Anyone who would profess to have some unique method, would seem to be so very ignorant of his own ignorance as not to be aware that all physicians are onto his trick, as well as being onto the tricks of all other charlatans. Certainly where there is a will there is a way.

While picking up the items for this article, I chanced to see a plea for birth control, in a periodical that purports to be of a high moral character. It was by a physician who was so very 'ethical' and so very magnanimous as to offer to teach his unique method to any physician. He was so very thoughtless of any consideration of self as to actually forget to give his address. And though his name sounded very German, he happened to mention that the method to which he referred is in general use by the physicians of France.

In keeping with my inherent disposition to nose into whatever is suggested, whether good or evil, I wrote to him in care of the editor. I received a very prompt and very elaborate reply, describing a very perfect little instrument, non-corroding, non-irritating, easily introduced, easily removed, perfectly successful, perfectly satisfactory, perfectly sanitary, will correct any displacement, secure perfect drainage, cure endometritis, prevent any contagions or infections, and if anything else could be imagined to be desirable, it is that also. And as usual his caution was the principal part of his occult advertisement—not to introduce it into the uterus of a pregnant woman, as it would be certain to produce abortion. How very, very considerate of him to advise a physician that for a pregnant woman to wear a metallic instrument in her uterus would produce abortion! Of course I had sup-

posed that a pregnant woman might carry spike nails and brickbats and any other junk in her uterus without any inconvenience. Much obliged!

And it was made in Germany, by a German, and is therefore perfect. But on account of the war it could not be obtained thence. And he has only a limited number on hand which he would be so magnanimous as to sell at the very reasonable price of \$200 each. He considers this very cheap, and he thinks that even the poorest people can better afford to buy it than to raise another child, because he finds that to raise a child, even in wooden shoes and blue calico dresses, feeding it on sauer kraut and potatoes, will cost at least \$500. This would show a difference of \$300 which the poor woman might have to buy matters of display, to make believe that she was not poor.

In truth we all know of methods galore. If we wish to produce abortions we can do so. And the opportunities are sufficient. To the mind of the conscientious physician it is a serious question whether or not we should ever produce abortions, and, if ever, then what are the circumstances that would justify it. In the first place, our minds have been hampered by our early religious tutoring. In the second place, we are restrained by statutes and courts and public opinion. Yes, public opinion! For though many, many, very many men and women want such service of some physician at some time in life, and though one might escape prosecution, yet the reputation of an abortionist is so opprobrious that a physician of self-respect recoils from it as from hell itself. Yet there are circumstances which justify and demand such practice.

I will not here discuss such matters as where the life of the mother is at stake. You all know about those. Neither does this form any part of the subject of birth control. But there are phases of the subject of birth control which must be considered, and that apart from the legal aspect. The higher and purer principles of morality are above and superior to statutes, and edicts,

and creeds, and dogmas, and court rulings, and church dispensations.

The supreme test of any moral question is the influence it will exercise on the future. If the circumstances could be such that we would know when an idiot, an epileptic, a criminal, or other neurotic is to be born, it certainly would be our moral duty to prevent its materializing. As a general rule, if it be wrong for the woman to be pregnant it is right for us to produce the abortion when called upon to do so. The following cases are real:

A pretty little girl fourteen years old was the pet of her maternal uncle. She was small of her age, and very child-like in manner, and the mother had never thought of guarding nor warning the child. Pregnant by this uncle, she went to the physician for help. As explained above, she was too young to bear a healthy, bright child. Then the product of incest was fairly certain to be a neurotic—perhaps an idiot, or perhaps a criminal. Then the child was to be pitied on account of her tender years and lack of tutoring. The duty of the physician was surely plain. He had no right to reveal a professional secret. But even if he had done so, and had landed the man in the penitentiary for a year or two, that would not have relieved the little girl nor society. There was a better course before him.

A splendid woman presented to the family physician her feeble-minded daughter who was pregnant by a brother. He had taken alarm and left the country. The physician could do one thing, or nothing. He could not command justice. He could not prevent what had already occurred. But he could prevent the development of a child that was quite certain to be an idiot, and thus save the young woman, who was herself idiot, and thus save society of an additional burden, and incidentally save the reputation of a family who, except these two members, deserved well. The physician's duty was plain.

A third case was one in which a young girl was impregnated by her own father. Of course the father deserved a term in

the penitentiary, but the child did not deserve the stigma that would have attached to her for life if the matter had become public. The physician's duty was plain.

In all such cases it is wrong for the woman to be pregnant; and it is right for the physician to come to the rescue.

Society has tried to establish hard and fast rules of morality, and this seems necessary and right, and the man who rises superior to these influences is at great disadvantage. But people ought to be sufficiently clear-minded to see that we should guard the future as best we may against the incursion of degenerates.

Conversely it is deemed very immoral for children to get into the world otherwise than according to the rules of the church and the laws of the state. But sometimes the cunning little cherub slips by in spite of the wary priests, and preachers, and legislators, and jurists. Surely this is not always right, but just as surely it is not always wrong. If the future is benefited by the advent of such a child, then it is right for that child to come into existence, and since he could not come otherwise than as he does come, the manner of his coming is justified. Erasmus was an illegitimate child, and according to law, religion and conventionalities, had no right to come into the world as he did. But if the reformation of the sixteenth century made the world better, and the verdict seems to be that it did, then it could not be wrong for the great reformer to come into existence by the only possible means. Lincoln's mother was illegitimate. If she had not been born thus she would not have been born at all, and Lincoln would not have had any mother, and we would not have had any Lincoln.

War is a means to race-suicide, by killing off the best young men before they have had an opportunity to reproduce their like. Here again would come a reiterated plea for polygamy, if it could be conducted on scientific principles. If the few good men who remain alive after a war could marry all of the good women, the next generation would

be up to the pre-bellum average. But in polygamous countries it has not been the men who were superior physically, mentally and morally, that have assumed the responsibility of plural marriage; but rather the wealthy, the amorous and the imprudent. When eugenists get the management of the wars, they will muster no one into service but old men in their dotage, weaklings, neurotics, criminals and degenerates generally.

There are about two and a half billion people in the world. About ten per cent. of these are women of the proper age and condition to bear children. If these would bring an average of one child every two years the result would be 125,000,000 births per annum. About 75,000,000 die per annum. This would leave a net gain of 50,000,000, or two per cent. per annum, compounded annually, and in a century the population of the world would be more than four times what it is now. Instead of this we are worrying about the diminishing populations everywhere. This proposition would allow people to marry at mature age, and still the net increase every year would be sufficient to populate an empire, as populations now are. This most destructive of all wars would have but slight local effect on such increasing populations.

Birth control would improve the race if practiced on scientific principles. The great majority of people should refrain from marrying till about the age of thirty. Or if they marry sooner they should prevent reproduction till about that time of life. After that they should give nature a pretty free rein. The result would be an average of six or seven or possibly eight children. Any couple that cannot support such a family would be, as a rule, weak physically or mentally, and should be prohibited from marrying at all. Those who could produce eligible children, but could not support them, should be helped by the state, and such assistance should attach no stigma to them nor their children.

By such means the best children possible would be produced, and the population would be increased at the proper rate. A fixed population is not suffi-

cient to civilization. What the limit of production of lands under intense farming will be in the ultimate future we cannot guess. But no doubt the world can support a population many times greater than it now has. We are now told that the sea can be made to furnish food and clothing for as many people as have ever lived on earth. The one thing needed most of all is consumers. A healthy increase of population would stimulate the vigorous efforts of science to keep pace, and civilization would advance by leaps and bounds. Necessity has ever been, and ever must be, the parent of all accomplishments.

But the way people practice birth control, and the way some advocate it even, is to get married when you will, and because you will, and get one or two children because you do, and quit by any means, and by all means, and forever. Thus they prohibit the births of the later and better children, equivalent in effect to the savages murdering their later and better babies.

The idea that writers seem to have of birth control is that by limiting the number of children you can have more money per capita to spend on the limited number, and thus you will increase their opportunities to do well. But the facts of history do not bear out such a theory. Many of our greatest men, in all the affairs of life, were born in log cabins, and wore ragged clothes, and went to bed hungry of nights.

I wish I could keep from thinking of the many newly-weds who have "climbed a stair", "jumped off of a style", "lifted a tub of clothes", "fallen down cellar", or undergone some other similar accident at six or seven months after marriage, and thus brought on premature labor, and given birth to well-developed babies, but would never have other babies later. We know that such babies are not begotten purposely. Their existence is an accident, a mistake, a misfortune. Think of how much greater care people would have for the breeding of stock.

The real cause of birth control is not the well-being of the one child, or the two or three children already born. Those

already born were quite as unwelcome as still others would be. Had that mother known the trick when first married, or a while before, that she has learned since, that first one would never have seen the light. Society, religion, fashions, fads, are the real causes of such practice. That woman wants to dress as fine as other women, and to look as neat and pretty as they, and to go to churches, and shows, and balls, and to be admired. And under these circumstances a half-dozen bright, promising children would be inconvenient. And she sacrifices the grandest privilege the

gods could confer; denies herself the supreme bliss of life; forfeits her one glorious opportunity to be useful in the world; and to be remembered and honored after she is dead—by raising a nice family of children.

She wants to be IT. And so do the other women. And they keep their husbands tottering on the verge of bankruptcy and despair by their extravagance for display. Trying to be something more than is real! And who is deceived? Strangers do not consider them at all. And their acquaintances know what they are in spite of all their camouflage.

### GLASS TUMBLER PUT IN RECTUM TO INCREASE SEXUAL POWER—OPERATION AND DEATH.

By Ralph E. McIndoo, M. D., Indianapolis, Indianapolis City Hospital.

Name—C. K. Male, age 55; barber.

Present Illness—Patient on Saturday, March 10, 1919, while intoxicated, abused himself by inserting a glass in his rectum to improve his sexual power.

Past Personal History—Negative other than a life of alcoholism and a life of dissipation.

Family History—Negative.

Physical Examination—Head normal, eyes react to light and distance. Chest muscular and well built, lungs clear, heart hypertrophied, but no murmurs present. Abdomen distended slightly, no edema nor ascites present. Scar in supra-pubic region of former cystotomy. Rectal examination: About two inches above the internal sphincter the thin edges of a bell of a glass was palpated. The mucosa of the rectum was markedly edematous, swollen and congested.

Upon admission the pulse was 120, temperature 99.8, respiration 22.

Mental condition was below normal, but no history of any insanity was obtained.

The operation was performed by Drs. Orvill Smiley and Ralph E. McIndoo.

The patient was prepared for the surgery, morphine sulphate  $\frac{1}{4}$  gr., and atropine sulphate 1-150 gr. was given hypodermically.

Under ether anesthesia the sphincter muscles were dilated, but due to the

marked edema of the lower rectum and the flaring bell of the glass it was impossible to remove it through the anal canal.

A mid-line incision above the pubis was made. The glass was palpated low down in the rectum. A longitudinal incision about three inches long was made into the rectum, it was found to be distended with gas and contained considerable blood.

The glass was reached, but edema of the intestine and the large size of the glass made it necessary to enlarge the opening. After long and continued efforts of traction on the glass with force applied through the rectum the glass was extracted, intact with the exception of a small piece broken off but recovered.

Severe intestinal hemorrhage was encountered, but did not respond to ligation and packing was resorted to. A pack saturated with ferric subsulphate was inserted in the rectum and drawn out through the anal canal. The intestine was closed with linen and silk sutures, five cigarette drains were placed down to the line of suture, and the abdomen closed with chromic cat-gut.

The patient was on the operating table three hours and thirty minutes, and during the last hour remained in a state of shock, very little anesthetic being required for this time.

**Post-Operative Treatment**—The patient was returned to the ward about 7 p. m. March 10, and placed in the Fowler's position. An order for codeine sulphate sufficient to keep the patient quiet and patient kept under close observation. Hot water placed around the body to maintain the bodily temperature.

The patient's temperature descended to 98 the next morning, the pulse reached 145 at 4 a. m. At 6 a. m. the pulse was unobtainable; an order for eight mills of camphorated oil intramuscularly was given. The patient revived and the pulse came back strong; the patient died at 11:45, March 11, 1919.

**Description of the Glass**—The glass was a soda water glass with a bell top. Diameter of the top was 3 inches, at the bottom 2 inches, and 4 inches in length.

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#### Probably Meant Florida.

"So the doctor told you to go to a warmer climate. What was the nature of the trouble you consulted him about?"

"I went there to collect a bill."—*Boston Transcript*.

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#### Always Dangerous.

"Do you think kissing is as dangerous as the doctors say?"

"Well, it has certainly put an end to a good many confirmed bachelors at any rate."—*Globe-Democrat*.

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#### Quickly Diagnosed.

Mr. Newbride—Guess I'll have to go away for a week end.

Mrs. Newbride—Goodness, dear! You never told me before that you had anything the matter with your head!

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#### Dough.

A private was seated on a bunk making a valiant effort to keep awake while the Lieutenant instructor of the field hospital unit conducted the class.

"And what is the greater or lesser circulation?" the officer asked.

The soldier roused.

"Before and after pay day" he answered.—*Trench and Camp*.

#### They Were Both Charged.

A little girl, brushing her hair, found that it "crackled," and asked her mother why it did.

"Why, dear, you have electricity in your hair," explained the mother.

"Isn't that funny?" commented the little one. "I have electricity in my hair, and grandmother has gas in her stomach."—*Ladies' Home Journal*.

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#### Reassured.

Surgeon (before the operation)—Worrying? Tut! Tut! Why, it won't amount to anything.

The Tightwad (with a sigh of relief)—Thank you, doctor. I knew you'd be reasonable.—*Buffalo Express*.

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#### So to Speak.

Actor—Well, Hodge, how is your daughter getting on in London?

Old Hodge—Thank 'ee, sir. She's all right so far—but with these air-raids on, she never knows but wot next minute she may be hurled into maternity.—*London Opinion*.

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#### Doing Well.

"So your boy became a doctor after he left college. Where is he now?"

"Living out in the country."

"Doing well?"

"I guess so. He wrote last week that he had cured some hams and some hay."—*Medical Standard*.

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#### EVERY TIME HE OPENED HIS MOUTH, HE PUT HIS FOOT IN IT.

It was at a party. He slipped up and tweaked her ear. She turned her head.

"Beg pardon," he stammered. "I thought it was my wife."

"It is quite all right," the lady replied.

"You see," he went on, "we sometimes get the wrong sow by the ear."—*Kansas City Journal*.

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#### ONE ON PA.

Son—Pa, would you say that a doctor's fees were ill-gotten gains?

Pa—Willie, go to bed and don't bother me.—*The Doctor*.



# INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

## EDITORIAL

**SAMUEL E. HARP, M. S., M. D., Editor-in-Chief.**

**ALEMBERT W. BRAYTON, M. S., M. D., Editor.**

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### CONCERNING SCURVY AND THE TOMATO AS AN ANTISCORBUTIC.

Scorbutus and rickets may coexist but are distinct diseases. The former also is constitutional in which we note spongy germs, great weakness and anemia, possibly hemorrhages from mucous membranes and hardening of certain large muscles in some cases. The large glands of the body, such as liver and kidney, may show parenchymatous degeneration, and, too, the heart. Internal hemorrhages are not infrequent. In the etiology Testi and Beri found an organism which is round and a diplococcus, but others have not confirmed it. Debilitating influences and mental depression are etiologic. We must in many cases differentiate from purpura. Complications may bring fatal termination. In the treatment prevention is successful in eighty to ninety per cent. by use of fresh fruits and vegetables. The betterment of scurvy is quickly noted by the use of water-cress, potatoes, cabbage, lettuce and sauer-kraut, and these in large quantities. Meat and eggs may not always be prohibited, especially if needed to increase the vigor of the body; at times such articles of diet are essential. Always look to the stomach and digestion and drugs to increase energy. Strychnine, simple bitters and hydrochloric acid are in order. Antiseptic washes for the oral cavity should be given, and especially those possessing an astringent.

gency. In the adult and infant I have given oranges and lemons liberally and the tomato I always use. This brings me to a wholesome editorial which appeared in the J. A. M. A., March 15, 1919, as follows:

"Several circumstances recently have conspired to direct attention to the problem of antiscorbutics. Scurvy has made its appearance among various groups of persons abroad because of conditions directly or indirectly brought about by the war. The shortage of antiscorbutic green foods in certain areas has emphasized the need of preventive measures that belong at present entirely within the realm of diet. The difficulties of transportation and of food conservation have suggested the employment of products preserved by desiccation or other methods in order that the seasons of plenty may serve the periods of scarcity. Valued antiscorbutics like orange juice have become too expensive for use among the less well-to-do classes. In view of this situation it is not surprising to find vigorous efforts displayed here and abroad in the attempt to discover 'ways and means' out of the impending difficulties. Some of the results achieved have already been outlined in The Journal. Side by side with the juice of the lemon and the swede, the tomato is now worthy of ranking, according to the simultaneously published observations of Hess and Unger at the Bureau of Laboratories

in the New York City Department of Health, and of Givens and McClugage at the University of Rochester. Hess and Unger have actually administered canned tomatoes to infants who were receiving pasteurized milk, substituting it in the dietary for orange juice, which has become increasingly expensive. The amount given to babies three months or more of age was 15 c.c., half this quantity being given daily to younger infants. The tomatoes have been uniformly well tolerated throughout the summer by babies as young as one or two months of age. The fact that both the New York and the Rochester investigators found that the methods of preservation—canning and drying, respectively—do not entirely deprive the tomato of antiscorbutic potency gives a welcomed addition to the list of perennially available food products that can be depended on to protect infants, as well as adults likewise depending on restricted diets, from the danger of scurvy."

After any war we frequently find many cases of scurvy and the time is at hand. It was true after the civil war. Independent of this factor, every large city furnishes many children suffering from scurvy. Some of these cases are so light as to escape notice until conditions of recognition are thoroughly pronounced. The suggestion of the tomato is a good one.

At this time scurvy seems a live topic and the Medical Record for March 29, 1919, gives some interesting information in its editorial columns as follows:

"During the spring of 1918 an outbreak of scurvy occurred among the African natives who were working on the lines of communication in France. This outbreak and its sequelae are of much interest so far as the causation of scurvy is concerned and add additional evidence, if such were needed, to the claim that it is a deficiency disease. Captain Hamilton W. Dyke, R. A. M. C., who reported this outbreak in the Lancet, October 9, 1918, stated that the ration of these men was ample and varied and included 8 ounces of vegetables. The author had four companies of 450 men each under

his charge. The symptoms of the attack were myalgic pains, gingivitis, hemorrhages into muscles, usually of the calf, petechial hemorrhages into the hair follicles of the legs, roughness of the skin between the knee and ankle, anemia, and occasionally fever. The outbreak was attributed to (1) inability to supplement the diet now and then with extra fresh fruit and vegetables, and (2) reduction of the anti-scorbutic value of the vegetables by excessive cooking; it was the custom to boil them for about two hours. This period was reduced to forty minutes, and fresh fruit and vegetables (e. g., carrots to be eaten raw) and a mildly alcoholic native beer prepared from germinated grain were provided. It is to Kaffir beer that the author attributes the absence of scurvy in the Kraals in winter when vegetables are not to be had. There is no doubt that the scurvy among these natives was due to a lack or absence of the antiscorbutic vitamins in the food.

"Some very instructive facts regarding the prevention and treatment of scurvy have been disclosed recently. For instance, Dr. Harriette Chick, Miss E. Margaret Hume, and Miss Ruth F. Skelton published in the Lancet for November 30, 1918, a paper in which it was shown that fresh lemons were superior by far to lime with respect to antiscorbutic properties and Dr. Chick and Miss Hume in a paper contributed to the Journal of the R. A. M. C. for August, 1917, demonstrated that germinated pulses are richly endowed with antiscorbutic vitamins. Moreover, beer made from fresh germinated barley possesses marked antiscorbutic properties. The Kaffir beer is a thin fermented gruel made with a germinated millet. Beer manufactured by modern methods of malting and brewing does not contain the antiscorbutic vitamins, otherwise it might be brought forward as an argument against prohibition that beer was a means of preventing a deficiency disease. That dry beans develop upon germination remarkable antiscorbutic properties is information of much value, for these are cheaper and easier to procure

than fresh lemons or fruits. All fresh fruits, vegetables and roots contain the antiscorbutic elements in varying amounts, but as these are very sensitive to prolonged drying and heat, an exclusive diet of canned or even too rapidly dehydrated vegetables and fruit is apt to produce scurvy. These accessory factors of diet, the vitamins, exert an immense influence upon growth and nutrition. Without them or with an insufficient quantity of them a diet is ill balanced and normal growth cannot go on nor will bodily weight be maintained."

Here were shown the evidence which was confirmatory of the conclusions which would be drawn from the outline that we have drawn of the importance of recognizing scurvy as a deficiency disease. In speaking of the outbreak among the African natives the reason is given therefor. As mentioned in our former quotation the question of economy is also given consideration.

S. E. EARP.

#### FOREIGN BODIES FORCED INTO THE RECTUM AND BLADDER FROM WITHOUT.

In the original department of this issue there is the report of a patient who introduced a glass tumbler into the rectum for the purpose of overcoming his inability to perform coitus. I have been informed that an elderly woman rendered assistance. The foreign body was a soda water glass with a diameter at the top of three inches, at the bottom two inches and four inches in length. This shows the possibility of the calibre of the rectum.

This purpose of the patient seems unusual and yet a similar instance occurred at the same hospital. Some years ago a male barber introduced the penis of a live dog into his urethra and then cut off the dog's organ at the belly, with a pocket knife. It remained in the urethra four days and although the urine dribbled constantly the bladder was greatly distended. This shows the susceptibility of the male urethra, and like former instance, the product of a morbid mind. I saw this patient at the hospi-

tal. He was operated upon by the late Dr. Fred Charleton of Indianapolis, and is now well and at work at his trade. The record is in the archives of the hospital and the specimen was preserved by Dr. Charleton.

Foreign bodies in the rectum are studied under three classes: (1) those swallowed, (2) those formed in the body and (3) those introduced through the anus. Each class presents a considerable degree of interest, but the latter is germane to our comment.

Gant reports the case of a man who suffered from an intense itching of the anus which he partially relieved by scratching himself with a chip or stick. On one occasion he selected a stick an inch in diameter and ten inches in length, which had a hook two inches from the end. During this luxury, his feet slipped, the stick struck the ground when he fell, forcing it into the rectum. The hook caught in a fold of the mucous membrane. Neighbors attempted to remove the stick, which resulted in a rent in the peritoneum and thereafter much hemorrhage. After an operation the patient became unconscious and thirty-six hours from the time the stick was forced into the rectum he died from peritonitis. This is reported in *Diseases of the Rectum and Anus* by Dr. Samuel Goodwin Gant, second edition. He discussed the subject at length and speaks of foreign bodies being put into the rectum by insane persons, rectal masturbators, criminals for the purpose of concealment, persons suffering from constipation who attempt to stretch the rectum in this manner, and by pruritic persons who attempt to scratch the anus by sticks and stones.

In some countries prisoners are punished by forcing hot clay and other objects of torture into the rectum. Perhaps one may recall the act of sodomy, but this is another story.

The various objects which have been removed after forcible introduction through the anus are sticks, stones, bottles, eating utensils, beer-glasses, nails, screws, knitting and crocheting and darning needles, keys, spools of thread,

thimbles, syringe nozzles, roller bandages, yarn, suspenders, lamp chimneys, potatoes, every kind of vegetable, paper, cloth, jewelry, etc., etc.

Gant says that a most interesting case was reported by Marchetti. Some students while on a lark held a prostitute and introduced into her rectum all except the small extremity of a pig's tail, the bristles of which had been cut so as to make it as rough as possible. Various attempts to remove it failed, owing to the bristles catching in the mucous membrane. Finally, Marchetti succeeded in slipping a cannula over it, thus protecting the membrane, when it was removed without difficulty.

Fowler in Woods' Handbook of the Medical Sciences speaks of how this same class of morbid persons, who have the marks of a disordered mind, have introduced every variety of objects into the bladder, often if the bodies are small, such as hairpins, catheters, etc.; and if they remain long enough, usually become the nucleus around which the salts of the urine collect to form a calculus.

The literature shows that neurasthenics have complained of diabetes mellitus, and when the bladder was first catheterized the urine thus obtained contained no sugar, but the second time there was evidence of grape sugar, placed there by the patient.

Twenty-five years ago, a patient of mine, soon after child-birth, called my attention to a substance in the vessel after urination which during its passage, she said, gave her much pain. Upon examination I found it to be wool, and informed her that it was wool which came from a new blanket on the bed. She tried to induce me to believe that portions protruded from the bladder. At my next call, consequently, to furnish conviction, she asked me to examine the urethra, which I did and, sure enough, I had the opportunity of removing quite a large pledget of wool. Her exultation over me was marked until she was shown that a part of the pledget of wool was red and the blanket had a red stripe in it. If I desired to keep my patient I was a very poor diplomat, for

on the following day she sent the nurse to inform me that my services were no longer desired. I reported this case in detail in a paper read before the Indianapolis Medical Society some years ago, after a physician had made a demonstration of a specimen obtained from a bladder as something new and rare formed in the human organism. It was red wool also. S. E. EARP.

#### PAIN AND DISEASE IN ANIMALS, INCLUDING INFLUENZA—SELF-TREATMENT.

Perhaps we look for an active condition in the cortex of the cerebrum when there is pain and the excitation of special nerves which end in certain organs. Then it would seem that pain may be produced by impressions created by outside influences, in addition to direct contact or the injury to a nerve by pressure or otherwise.

Sadler speaks of certain forms of stimulation which cause waves of nervous energy to pass quickly over the nerves to the brain, these being received and responded to by special centers, and thus the sensations of sight, sound, pain, etc., are experienced. He takes the position that the mission of pain is that of a friendly sentinel. Physical suffering is designed primarily to play the role of a warning messenger, and, subsequently, to serve as a corrective monitor, and that pain is nothing more nor less than an expression of the displeasure or weakness of the nervous system. It is the outcry of the physical conscience against disease—causes nervous states, and bodily abuses, designed to warn us of imminent danger and weakness, or to protect us from some impending doom.

Very nearly in the same lines Anders and Boston in their work on Physical Diagnosis call attention that pain sensation is transmitted in the column of Gowers and that separate fibers are concerned with each type so that in certain tracts it is possible to have a disturbance in one without disarrangement of the other. So in both the medulla and pons the fibers conducting pain sensations are apart from the other senses,

but after their entry into the optic thalamus, they are conducted with them through the posterior limb of the internal capsule to the sensory cortex. Much of our knowledge is based upon animal experimentation, and some writers have considered it a debatable question whether or not animals suffered pain. The J. A. M. A. discussed Rijnberk's study of the question in November, 1917, and according to the same source in 1917 an article from the *Nederlandsch Tijdschrift voor Geneeskund*, Amsterdam, by the same author was abstracted as follows:

He here cites further examples, such as that if the tail or part of the body of a honey-sucking bee or male copulating shrimp or frog is cut off, the creature continues undisturbed to suck honey and the male does not release the female from his embrace. The twitching of the skin of a horse is a reflex action which occurs the same if the communication with the brain is shut off. He says further that veterinarians report that quite a considerable operation can be done on the large, herbivorous domestic animals while they are feeding and they may continue feeding without interruption. Dogs, cats and rabbits after severe operations in the laboratories are as lively and frolicsome as before so soon as the effect of the general anesthesia has passed off. He adds that dogs cannot be trained by the eyesight alone; there must always be some pleasurable or disagreeable experience connected with the act in which it is being trained. Even in man, he continues, the sensation of pain seems to be restricted to the outlying parts of the body. It is still a question whether sound organs in the thoracic and abdominal cavities are sensitive to pain. "In short," he concludes, "the attempt to answer the question 'Do animals feel pain?'—which the layman answers glibly in the affirmative—is to step on a treacherous trapdoor which drops one into a hornet's nest of philosophy, psychology and biology."

This may be scientific lore in the estimation of the author, but bears little approach to reason. Nor will such a theory

be accepted by those familiar with the habit of animals either in the domestic or wild state. Pain is often a warning to the animal as in the human, and who has not seen animals having in their looks and actions the appeal asking without speech that relief be given from the condition causing pain. The dog with a sore foot keeps pressure from it by using the other three, and often seeks relief in the running brook.

In the absence of other help, instinct teaches an animal to care for itself during sickness and pain. Mrs. I. N. Bradley called my attention to a communication in the *Christian Herald* for March 29, 1919, which is germane to this subject. It says:

"Few people realize how many animals are constantly getting hurt and sick. The wild animals seldom get sick from what they eat, but the domestic animals frequently do. Wild animals get injured from fighting with other animals of their kind, or in fights with animal enemies. In all cases, animals have a way of doctoring themselves that is remarkable.

"Animals suffering from fever eat nothing, keep quiet, seek darkness and airy places, drink much water and sometimes plunge into the water from time to time. When a dog has lost its appetite it eats that species of grass known as 'dog's-grass.' Cats also eat grass, catnip, etc., when sick. Sheep and cows in the same circumstances seek out certain wild plants. If an ant's foot is cut, other ants will cover the wounded part with a transparent fluid from their mouths. If a chimpanzee is wounded it stops the flow of blood by placing its hand on the wound or dressing it with leaves and grass.

"A terrier had an injured eye. It remained lying under a counter, avoiding heat and light, although it had been its habit to keep close to the fire. It adopted the general treatment—rest and abstinence from food. The local treatment consisted in licking the upper surface of its paw, which it then applied to the wounded eye, again licking paw when it became dry. Cats, when hurt, also treat themselves by this simple method.

"The methods adopted by most of the wild animals for doctoring themselves are unknown to man, but there is no doubt that every animal has the ability to skilfully doctor itself."

It seems in order not to omit the subject of influenza, if we can find an application for it. It is evident that the horse suffers from this disease, but like a flower, under another name it smells as sweet, so the name does not matter so the symptomology is analogous to what we see in the human and known as influenza. Touching on this topic is an abstract in the Medical Record for March 8, taken from *Aunali d'Igiene*, which speaks of influenza in animals:

"Lanfranchi considers this subject informally. A contemporary writer has stated that an epizootic has coexisted with an epidemic on five occasions without any claim that this number exhausts the list. Our exact knowledge of equine influenza does not go back very far owing to the backward state of scientific veterinary knowledge. Two independent observers in 1911 and 1913 were able to show that the effection is due to a filtrable virus and that apparently healthy animals act as carriers. This discovery abundantly explains the observations of prescientific veterinaries that influenza was conveyed to mares by the semen of the stallions. The theory of a filtrable virus as a cause of human influenza has therefore a sort of indirect corroboration. A sort of nasal infection in young dogs, wrongly termed glanders, has numerous analogies with influenza and extends down the respiratory tract. Only exceptionally does this become epizootic and then its correspondence with human influenza is very close. It is shown to be due to a filtrable virus. In hog cholera we see numerous analogies with influenza. There is a nasal catarrh accompanying the fever, although generally speaking all of the mucosae may suffer. There is a virulent septic form which can destroy the animal in a few days. The actual cause of the disease is a filtrable virus while complications arise from the pathogenicity of satellite germs.

S. E. EARP.

## WHAT ONE YEAR OF PROHIBITION IN INDIANA HAS DONE.

April 2 completed Indiana's first year under prohibition. There are some important factors to be noted. Not including epidemics, the general health of the people has been better, and there has been less sickness from causes due to neglect, exposure and the use of alcohol. Ragged clothes in many instances were superseded by better wearing apparel, coal bins have been full instead of empty and the schools show evidence of the betterment of conditions.

In other states we recognize the awakening. Birmingham, Ala., erected a \$100,000 jail and it is now closed for want of patronage. This is the result of prohibition.

What about Indiana? The workhouse has closed, there is a drop of thirty-eight per cent. in jail records, and the juvenile court docket report furnishes a text for the most eloquent of sermons.

The subject as given in details by the Indianapolis Star will make a splendid study for the student of criminology. It says that in 1917-18 the total was 34,526 and in 1918-19, 21,127, with the returns for March estimated.

The total commitments to the jail and the workhouse in Marion county in the twelve months ending March 31, 1918, were 6,025, while for the last year the total is only 3,171. The decrease amounted to 47.3 per cent. The Marion county workhouse was closed after two months of prohibition, there being only forty-seven commitments in April and May, the last two months in which that institution was operated. Even with the workhouse closed the jail population fell from 4,142 in 1917-18 to 3,124 in 1918-19, a decrease of 1,018, or 24.5 per cent.

While the comparative jail statistics of two years are not to be taken as an absolute index of the effect of the prohibition law, because other factors unquestionably entered into the reductions, the legal ban on intoxicants which became effective after April 2, 1918, accounts for a very important part of the decrease.

Amos W. Butler, secretary of the board

of state charities, pointed out that the departure of more than 100,000 persons from the state on account of war was probably a factor in bringing reductions, and that a condition of universal employment, likewise due to the war, also played a part in reducing the number of arrests and the resultant jail commitments. In normal conditions of employment there is some idleness and this leads to trouble or misdemeanors which find their way into the courts and later are recorded on jail registers.

The returns from jails give only the statistical index on the effect of the prohibition law in the state. That the dry condition has been of definite economic benefit, however, is attested by observers of various lines of commercial and industrial activity. In retail merchandising in many localities in the state there has been a noticeable improvement in credit, with prompter payment of bills and more money devoted to household purposes.

It is interesting to note the sudden decline in arrests in April, 1918, the first month of prohibition. In March, 1918, the records show that there were 2,823 persons committed to county jails, but in April, 1918, the number dropped to 1,570, a decrease of 1,253. The next month, May, 1918, showed the smallest number of commitments in any month during the two years in question. In that month there were 1,558 jail admissions. Each month thereafter there were a larger number of arrests than in May, and during January of this year the total reached 2,081. The total commitments in any one month of the last year did not, however, reach as high a figure as the lowest month of the previous "wet" year, which was December, 1917, when 2,108 persons were taken into jails.

The Star furnishes further information which it has collected with time and patience which will be valuable for future reference.

Perhaps the most remarkable demonstration in the results of prohibition appears in the records of the juvenile court. In the earlier year 593 cases were handled in the court, and of this number

492 involved men whose troubles and appearance in court originated from drink. There were twenty-three women in court under similar circumstances.

During the prohibition year there have only been seventeen men in court whose charges resulted from drink and only one woman. The total number of cases filed is estimated at about 500, a drop of almost 100 cases in the year. While the number of cases originating from liquor is almost nothing, cases of other descriptions have been brought into court which in the pre-prohibition period were not given attention by the police and juvenile authorities because they were so busy with cases in which liquor was the principal cause.

Judge Frank J. Lahr of juvenile court believes that prohibition has resulted in a great moral awakening of the people. The statistics compiled by the court attaches show that during the pre-dry period almost all of the cases tried in court originated from liquor, while last year less than four per cent. of the cases were from that cause.

Another result of prohibition is that trade in many lines is being extended in the home. Credit men say that the number of persons who fail to pay their debts had decreased a noticeable amount. Reports from trade circles indicate that the candy business especially has benefited by the removal of liquor.

Amusements also have been stimulated, theatrical men say. With the passing of the corner saloon the men lost a place to spend their idle hours, with a result that the movies and legitimate theaters are experiencing an increased business. Grocery and meat businesses also have shared in the general increase of trade.

Prohibition was a factor in cutting in two the population of the Indiana state farm during the last year. Reports received at the state board of charities show that for the year ending March 31, 1918, there were 2,099 men committed to the farm, but that during the year ending today there were only 954 men committed.

The decrease in commitments to the correctional department of the Women's

prison was even more marked. During the last "wet" year in Indiana 446 women were sent to the correctional department, but during the last twelve months there were only 119 committed.

#### HARRIET NOBLE AND WALLACE FOSTER HAVE "CROSSED THE BAR."

On March 30 two persons well known in the affairs of Indiana died—Miss Harriet Noble and Captain Wallace Foster.

Miss Noble was one of the prominent women of Indianapolis, a member of many clubs and organizations, and active in the Franchise League. She wrote a book on literary art and was at the head of the English department at Butler College. Miss Noble graduated from Vassar College in 1873 and came to Irvington in 1883.

Captain Wallace Foster, the "flag man of Indiana," reached the age of 82, and died of angina pectoris at his home in Indianapolis. Every school child loved him. Everyone had confidence in him. His lifework was in the interest of his country, its flag, and the people.

Captain Foster served with distinction in the Eleventh and Thirteenth Regiments Ind. Volunteers during the civil war, and after the conflict closed he turned his attention to instruction of patriotism among the school children.

His body lay in state at the school-house near his residence, whose pupils he loved so well. There was a military and police escort to the grave. The large silk flag which Captain Foster had presented to the school was used to drape the bier.

S. E. E.

#### FULL TIME HEALTH OFFICER GETS RESULTS.

Public health administration, like any other worth-while work, needs and demands systematic, careful attention. There is only one successful way to provide that attention, and the way is to employ a trained health officer who can devote his full time and effort to health work. It should go without saying that no man can or should be expected to produce good results unless he receives an adequate salary, and one proportioned

to his training and usefulness in the work undertaken. Part-time health officers have never been successful anywhere. They naturally cannot devote much time or thought to public service paying a nominal salary and demanding hard, constant work and much tact and a pleasing personality for its successful prosecution.

The full-time health officer gets results; he saves lives, he prevents sickness and pain; last, but not least in the minds of many, he saves money to the community, which simply means to the individual taxpayer in the end.

Rarely does a family go through a period of five years without one or more cases of preventable and, therefore, needless disease. Perhaps typhoid, measles, diphtheria, tuberculosis or one of a score of other ailments visits the home with all the attendant sorrow, physical suffering and cost. The money cost is far more than would be paid in many years, possibly a lifetime, in the form of a tax toward a public health department, and the cost of pain, mental anguish and death cannot be measured in human terms.

Palo Alto, Calif., presents a striking example of splendid health work, as the following excerpt from the Bulletin of the California State Board of Health shows:

"Palo Alto, with a population of 6,000, has a full-time health officer. The Palo Alto death rate is about one-half that for the state. Since 1911, in this city, there have been no deaths of infants under two years of age from diarrhea and enteritis. During the same period, the deaths of no less than 5,528 infants under two years of age in California were due to this cause. The health department of Palo Alto cost \$3,310 last year—56 cents per capita. At the beginning of 1918 there were three known cases of tuberculosis in Palo Alto. There was not a single case of diphtheria there during 1917. These are a few of the significant facts, as published in the annual report of the Palo Alto Health Department for 1917, Louis Olsen, health officer. Does it pay to have a full-time health officer "

J. N. H.



## ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators.

### SEBORRHEIC ECZEMA OF THE LOWER LIP, WITH DEEP CENTRAL CRACKING.

By Douglass W. Montgomery, M. D., and  
George D. Culver, M. D., San  
Francisco, Cal.

On June 29, 1918, a stenographer, twenty-four years of age, called on us on account of an affection of the lower lip.

She said that a crack had appeared in it in the present situation eight years previously, and had never perfectly healed.

There was present a deep crack exactly in the median line of the red of the lower lip. This crack extended through the mucous membrane and invaded the cutaneous portion of the lip for a further couple of millimeters. It had rolled edges, but no induration indicating malignancy could be made out. There was scaliness along the whole exposed mucous membrane of the lip just above the muco-cutaneous border. The lesion was most annoying. The crack was painful when open, and it would crack open on the least stretching of the lip, as in laughing, so that the patient was constrained to hold the mouth in a peculiar way in order to avoid this accident. This caused a disagreeable alteration of the expression of the whole countenance. It also gave a slightly affected tone to her speech through interference with pronunciation.

The patient was taking too much sugar and too much milk fat, and her occupation as a stenographer caused her to have a meager oxygen intake. She therefore did not burn well these carbohydrates and milk fats, and consequently had a flatulent dyspepsia, which would naturally increase the delicacy of her mucous membranes, and render them more susceptible to infections and to lesions such as cracking.

She slept restlessly, was under weight, and although only twenty-four years of

age was rapidly growing gray. She was not constipated, an unusual circumstance with stenographers.

It was concluded that either x-rays or radium, because of their action on seborrhoids and on deep, indurative, inflammatory processes, offered the best means of treatment. As the rays of radium are only about half the wave length of x-rays, and much more deeply penetrative, it was concluded to use them in preference to x-rays. It was also concluded to shield very heavily in order to exclude the longer wave lengths and to secure the deeper action with less superficial reaction.

A normal plaque containing 11 mgm. of radium substance was screened with brass 0.30, aluminum 0.01, and one layer of writing paper, and held in place for half an hour.

A salve was prepared consisting of:

R

Liq. alumini acetici ..... Mm. x  
Lanolini  
Cerat. simp. āā ..... ʒ ss.  
M., Sig: Apply frequently.

General hygienic and medicinal measures were also taken to improve her health and to increase her resistance, for it may be confidently assumed that these cracks are always infected with streptococci.

By August 13, 1918, the lip was entirely healed, leaving a slight scar in the skin just below the mucous membrane, where the crack had invaded the skin. The expression of guarded tension had not, however, yet left the mouth. Another application of the radium was made, screened in the same way and applied for the same length of time.

By October 14, 1918, the expression of the mouth was normal, and the healing appeared to be perfect.

On the date of this report, February 11, 1919, seven months after the patient first consulted us, and about six months

after complete healing, a small scar is still visible where the original crack was, but there are no other objective or subjective symptoms of her trouble.

This seems to us an excellent example of the beneficial effects of radium in these obdurate cases, which are also so dangerous because of their threat of epithelioma.—Medical Record, March 15.

### GRIPPOPHOBIA.

Anglade relates the case of a woman of 40 who developed a phobia concerning the grippe against which she could not possibly react. Despite this fact, the woman had previously shown courage in nursing children with diphtheria. For the past three months or during the period of the epidemic in her vicinity she had no other thought than the existence of the latter and was constantly gargling her throat and spraying her nose. She would not allow any one to approach her. She recovered her mental state, probably after the passage of the epidemic, but it is very likely that it will return with the next outbreak of the same affection, as recurrence of this type has been noted in such cases. Verger stated that nosophobia was apt to be aroused by the pandemic and cited a case in which a case of grippophobia developed in a woman who had once suffered from phthisisophobia. She was a shopkeeper and actually closed her shop for a period of influenza. Anglade also cited a case of extreme lyssophobia in which the woman finally passed into a state of melancholy with crises of delirium.—Journal de Medecine de Bordeaux.—Medical Record.

### THE CLINICAL VALUE OF MINIMUM BLOOD-PRESSURE RECORDS.

Thorne, in the Practitioner for November, 1918, states that there are two classes and two stages in the full development of arteriosclerosis with hypertension:

1. (a) The presclerotic class, in which the heart is still able to cope with the raised blood-pressure and cardiac dilatation has not set in.

(b) The presclerotic class, in which the heart has begun to give way under the increased pressure and cardiac dilatation is present.

2. (a) The sclerotic class, in which, despite raised blood-pressure and the diseased vessels, the heart has not given way.

(b) The sclerotic class, in which the heart has begun to fail and cardiac dilatation is present.

In all the above the objects aimed at in treatment are to give the heart and circulation a comparative rest, to encourage in every way the throwing off of the toxins which cause high tension, and to reduce to a minimum the intake of everything likely to raise the blood-pressure.

In the first stage of Class 1 cure may be obtained by a careful dietary, the administration of suitable drugs, and the general regulation of the habits of life; and in the first stage of Class 2 much good may be done by similar treatment. He does not enter into details of the general treatment, because it has been ably dealt with by several writers upon the subject, notably the late Dr. George Oliver (*Studies in Blood Pressure*), and Dr. T. Bodley Scott (*Modern Medicine and Some Modern Remedies*), but he does emphasize the fact that treatment by drugs, dietary and general rules of life only, does not give satisfactory results in the second stage of either class. When the cardiac muscle is overstretched and the heart dilated, it is almost as unwise to administer drugs which stimulate the heart and do not lower the blood-pressure and undoubtedly depress the cardiac action. It is useless to expect a regulation of diet or a modified rest cure to restore the cardiac tone and cure the dilatation, for they will not do this unaided.

In his experience, the best method of treatment, in both classes and both stages of this disease, is to give a course of "Nauheim" baths in conjunction with general treatment by drugs, dietary and modified rest. In cases in which cardiac fatigue and dilatation has supervened upon hypertension, either in

the presclerotic or the sclerotic stage, this is certainly the only treatment which will give good results of long duration, because it lowers the blood-pressure, slows and strengthens the cardiac action, improves the circulation in all the organs of the body, and thereby facilitates the excretion of the vast waste products which are the cause of the disease.

Thorne concludes:

1. The importance of taking the minimum blood-pressure in all cases of disease of the heart and circulation is only secondary to that of taking the maximum pressure.

2. When the minimum blood-pressure is not raised above 90 mm. Hg. there is no vessel degeneration, although the maximum reading may be high.

3. There are three chief classes of exceptions to this rule.

4. The full value of blood-pressure records can only be obtained by constant practice and repeated observations.—Therapeutic Gazette.

#### CAUSES OF DEATH WITH CANCER.

Meursing seeks to answer the question what people with cancer die of. He is prosecutor at the Pathology and Anatomy Laboratory at Amsterdam, and states that at 4,330 necropsies in the last nine years he found a malignant tumor in 602. The hospital with which the laboratory is connected does not take gynecologic, mental or eye cases, so that these groups are not represented among the cadavers. Of the total 14.4 per cent. cancer cases, the youngest age represented was a man of 21 with a liver cancer. In twenty-three cases there were two cancers, both possibly primary. The total of cancers was thus 625. About 25 per cent. had succumbed to cachexia; 2.4 per cent. to hemorrhage, mostly gastro-intestinal cases, but there was one bladder case, and in four cases the fatal hemorrhage had occurred from a metastatic nodule on the surface of the liver. This suggests the necessity for caution in palpating the liver. About 5 per cent. of the intestinal cancers and 3.6 per cent.

of the gastric cancers entailed fatal hemorrhage. Ileus, suffocation or pressure on the spinal cord were other causes of death, thus a total of 38 per cent. for which the tumor itself was directly responsible. In the fifteen bladder cancer cases there were papillomas also in the bladder in three; that is, 20 per cent.; and in the stomach in eight of the 218 gastric cancer cases, that is, in 1.2 per cent. In the noncancer cadavers he found bladder papillomas only in .23 per cent., and stomach papillomas only in .36 per cent. These figures show that in 50 per cent. of the stomach papilloma cases malignant disease developed, as also in 30 per cent. of the bladder papilloma cases. Pulmonary embolism from three to thirteen days after the operation was the cause of death in 1.3 per cent. of operative cancer cases, and in .7 per cent. of the total cadavers. In about 4.7 per cent. of the cancer cases death was due to pulmonary tuberculosis, while this was the cause of death in 22 per cent. of the total 4,330 necropsies. There was thrombosis in 5.2 per cent.; in 8.5 per cent. of the cancer cases.—Hos, Copenhagen, J. A. M. A.

#### CARDIAC COMPLICATIONS OF INFLUENZA.

Influenza when in a virulent form, or perhaps it may be more correct to say when the disease is complicated with pneumonia, almost inevitably involves the heart. Consequently, when a medical man is called in to treat influenzal pneumonia he adopts frequently a routine treatment of stimulating the heart. What then are the cardiac complications of influenza and to what are they due?

Sir James Mackenzie deals with the question in the Practitioner for January, 1919, and states that the cardiovascular phenomena in serious cases are the same as in other severe cases of infection. The picture of an individual suffering from a severe attack of influenza complicated by pneumonia is not really one of heart disease, but of intense intoxication of the cardiac system. The reason why Mackenzie refers to this general intoxication as being the true

source of danger is that in treatment, when the diagnosis seems to point to a particular organ as at fault, remedies are all directed to that organ, and it is often stated that the patient died of heart failure, in spite of energetic therapeutic treatment. As a matter of fact, it may be gathered from the post-mortem study of the heart in such cases that the myocardium is so extensively damaged that it is useless to inject strychnine, caffeine, or oil of camphor. Mackenzie holds that these drugs are incapable of affecting the heart in health, let alone when in the grip of a severe poison, and for this reason, he holds, drugs of the digitalis group are also useless. Moreover, Mackenzie says that he has never seen any case of influenza in which damage was limited to the heart alone, such as occurs in rheumatic fever. In the treatment of severe cases he says there are no remedies of value so far as the heart is concerned, and the only hope is to employ such aids as will tide the patient over a serious crisis. If the patient is the host of some microbe, the treatment should be devoted to increasing his power of resistance. If he is poisoned, treatment should be devoted to the elimination of the poison. Should certain tissues be injured, then treatment should be devoted to their healthy renewal.

As for exercise in heart affections, Mackenzie points out that there is a notion deeply rooted that, if there is anything wrong with the heart, the patient must be restricted in the amount of effort. He, on the contrary, recommends gentle exercise, out of door exercise, as soon as possible after the fever has subsided. In advising this course, he wishes to improve the mental outlook of the patient as well as better his physical condition. In order to brace up the spirits of those suffering from cardiac disability following influenza, exercise of a pleasurable kind or occupation of an interesting nature is recommended. The notable feature of the paper is that in the opinion of this great authority on heart disease cardiac stimulants are of no avail in the treatment of severe in-

fluenza. This conflicts with the views of many, and probably the advice not to treat the heart symptoms by themselves will not be widely followed.—*Editorial Medical Record.*

#### THE COMATOSE FORMS OF INFLUENZA.

It is interesting to see how a medical phenomenon may sometimes exist for a long time unnoticed until suddenly it is brought to public or professional attention by some more or less trivial incident, and then everyone says, "Why, of course." The present newspaper talk of "sleeping sickness" is an instance. Some one discovered a number of cases of the comatose form of influenza in Chicago and at once cases were found to exist in New York, Washington and other cities. Inquiry among practitioners generally would doubtless reveal the fact that cases with comatose symptoms had occurred every now and then all through the course of the influenza epidemic. They are observed in nearly every epidemic of this disease and are as truly influenza as are the cases with pulmonary, gastric or cardiac symptoms. Dittmar Finkler, in his incomparable treatise on influenza published in the "Twentieth Century Practice of Medicine," in 1898, and still the most comprehensive and best work on this subject in the English language, describes this form as follows:

"We may also mention the so-called comatose form of influenza. Occasionally in the beginning or during the course of an influenza we may see a marked somnolence, increasing perhaps to coma, without any other cerebral symptoms. Friedrich Müller in Pforzheim observed a case of this form of coma which lasted fourteen days. In the spring of 1890 the newspapers were filled with reports that a new disease, called noma or sleeping sickness, had broken out in some parts of Italy. This disease presented symptoms which were similar to the observations of Krannhals, in which the clinical picture resembled that of a cerebrospinal meningitis which was not yet fully developed. According to the description of these cases of somnolence,

appearing in an epidemic form, the greatest probability is that they were cases of influenza in which these comatose conditions were pronounced, as they may also be in hysteria. That they had accumulated in certain parts of the world need not seem more remarkable to us than the fact, already frequently mentioned, that other forms of influenza have shown an inclination to make their appearance in a cumulative manner in certain localities at a certain time. Leichtenstern insists that this noma should be clearly distinguished from cerebrospinal meningitis, especially as pneumonia was a frequent complication."

Finkler also describes the encephalitic form of influenza which is a much more serious condition, often ending fatally. It is marked by more or less pronounced paralysis—mono or paraplegia—and often by grave cerebral symptoms such as coma, convulsions, or delirium. The paralysis is not constant, however, for if the encephalitic foci do not affect the motor centers and paths, signs of motor irritation and paralysis will be absent, high fever, unconsciousness and coma being the only symptoms. These forms were first noted during the epidemic of 1889-92, no allusion to them being found in the literature of previous epidemics.

The history of medicine is a subject deserving of much more assiduous study than it receives today. If it were made a part of the curriculum of every medical college, the future practitioner would be saved from the commission of many errors and the science of medicine would be advanced mightily.—*Medical Record*, March 22.

#### ANKYLOSIS OF THE TEMPRO-MAXILLARY ARTICULATION.

This condition may exist from a fracture of the lower jaw or an injury to it and from being embolized for so long a time, or from infection from typhoid fever where an excess of calomel being administered causes cancrum oris. Now this ankylosis may be temporary, permanent, incomplete, false, or complete bony fibrous and osseous. It may be uni-

lateral and bilateral. The treatment is to apply a wooden screw, a wedge by dilation with a gag. This dilation should be done every day, using the dilator on the occlusal surface of the teeth. I had a dilator made which will separate the jaws. After separating, put between the teeth a wedge of wood or compressed cotton which will swell from the moisture. Have the patient use a rubber cork between the teeth each day or operate upon the joint, using the Murphy operation.

Unerrupted or impacted teeth in adult life and especially the lower third molars and the upper third molars, which cause one of our serious lesions of the oral cavity. Some of the predisposing causes: first, defective embryonic development, malnutrition, syphilis, neurotic tendency, eruptive fevers, anemia, artificial feeding, idiosyncrasy. The exciting causes; first, arrested maxillary development, undue thickening and resistance of the overlying tissue, undue stimulation of the inferior dental nerve by pathological conditions producing nutritional changes that intensify the bone in the region of the impacted tooth, malposition due to contracted dental arches, severe traumatism to the jaws causing disposition of lime salts in the cancellous tissue, too early loss or extraction of deciduous teeth, inflammation of the jaw bone set up by decayed teeth, local increase in the density of the bone brought about by inflammation of the periodontal membrane extending into the alveolar process. The cancellous tissue, instead of remaining spongy and elastic, becomes hard and solid. This condition follows the eruption of the first permanent molar soon after its eruption is frequent cause of impaction of the lower third molar.

Symptoms—Impacted teeth may be present without giving any local or systemic symptoms, such as the appearance of the cuspids and third molars in adult cases, or unerupted supernumerary teeth, causes reflex pain, facial spasms, chorea, epilepsy, melancholy, mania, paralysis, sensory alterations, neuralgic or trophic changes, paroxysmal pains, insomnia, chills, thrills and flushes and muscular

twitching, sweating melancholy, fever or irregular pulse, pain across the frontal, temporal and parietal bones, pains in one ear or both and pains in eyes, temporal-maxillary articulation, ankylosis of the temporal-maxillary articulation both permanent and temporary, pain in the shoulders and knees. Now some of your local symptoms such as swelling and inflammation of the gums around the teeth, and you may have separation, cellulitis, muscular contractions, tonsillitis, infection of the eye or iritis, infection of the lymphatic glands, caries and necrosis of the jaws, tumors benign and malignant (cancer has been caused from them), infection of the inferior dental nerve. Impaction may set up functional, nervous and mental disorders, paralysis of the arms, spasms of the sternomastoid muscle, commonly called wryneck, deafness, neurasthenia and mania, infection of the tissue causing toxic neuritis, arthritis, endocarditis, nephritis, sepsis, gastritis, anemia, toxemia and septicemia.

**Diagnosis** — Pain, swelling, redness, heat and impaired function of the jaw. The x-ray renders the impaction positive, certain and exact.

In removing, thorough cleansing of the mouth and tissue, paint the field with tincture of iodine using conductive anesthesia when possible. Instruments consist of mouth gag, cheek retractors, tongue depressor, small retractors, haemostatic small, straight and curved, tenaculums, one large haemostatic forcep, several curved needles, ligatures, needle holder (Brophy's preferred), mouth mirror, cotton pliers, one or two curets, bone cutting burrs, curved bistory, several periosteal elevators, extracting forceps, excising bone chisels and mallet, mouth swabs, curved gum scissors. Some of the dangers of removing impacted teeth—inspiration of blood, pneumonia, hemorrhage, fractures of the jaw, dislocation of the jaw, general infection, failure to secure the tooth through the patient swallowing it. This can be avoided by packing with long sponges, having your long haemostat at hand. These teeth should be removed surgically and

the mouth kept in a septic condition, patient at rest, liquid diet, elimination of the kidneys and bowels, administration of tonics, and in nervous conditions, sedatives. Avoid all hot packs to the jaws. These teeth should never be removed by the ordinary dentist or general practitioner, but by an oral surgeon or exodontist.

I will not go into the condition of the maxillary sinus or infections of the oral cavity as leucoplakia. Vincent's angina, as no doubt at this meeting those subjects have been duly discussed.—Covey in Medical Herald, March, 1919.

#### STENOSIS OF PYLORUS IN INFANTS.

McChananahan in Medical Herald for March, 1919, concludes an article as follows:

An infant under three months, with repeated explosive vomiting and loss of weight, without fever, should excite suspicion of congenital hypertrophic stenosis of the pylorus. There is a rare condition that may lead to error, namely, congenital stricture of the cardiac end of the esophagus. Here the diagnosis can be confirmed by the use of the catheter.

Anyone interested in this subject will find a very valuable article by Holt in the Jour. Am. Med. Asso., Vol. 68, No. 1, May 26, 1917.

#### SYMPTOMS OF RECTAL FISTULA.

Drueck, in the Medical Sentinel for March, speaks of the symptoms of rectal fistula as follows.

The first symptom which attracts the patient's attention is the local abscess; namely, redness, swelling, pain and fever. The untreated abscess points externally on the skin, internally into the rectum, or both ways. The abscess ruptures and discharges its contents, thereby relieving the local distention. The tissues are soft and tend to retract and contract, leaving only sufficient opening to permit the exit of subsequent discharges which may continue indefinitely. The character of the discharge suggests somewhat the age of the fistula. The excretions of a recent abscess are thick, abundant and con-

stant, but as the lining membranes grow old and are covered with pale, grayish granulations the discharges become thin, watery and less in amount. After the abscess has emptied itself the patient suffers no discomfort except the purulent discharge which is always fetid and sometimes contains intestinal gas and feces which make it difficult to keep the part clean. As the retained pus burrows forming new abscesses and sinuses, the discharge gradually increases. When discharge of a given sinus is small in amount and irregular in outflow, the opening tends to become occluded and retention occurs. Thus a new abscess is produced which ruptures through the old sinus or forms a new outlet. In this way two or more fistulæ often connect with a common abscess. In any case, if the discharge ceases or becomes irregular, always suspect a new abscess.

Constipation is induced from fear of pain during defecation and the sufferer goes on in this condition for years before he seeks surgical relief. Painful or difficult urination sometimes occurs. In small superficial fistula there may be no pain, but rather a perineal burning or pruritis due to the irritating discharge which may be hardly sufficient to soil the linen. Gradually the tract of the abscess becomes thickened and fibrous.

#### TURPENTINE IN HEMORRHAGE.

It is difficult to determine the possibilities of turpentine as a therapeutic agent. As an internal remedy as well as a topical one it has a wide range. In typhoid fever after hemorrhage we have always used it in the form of an emulsion; but not during the hemorrhage. An abstract in the Medical Sentinel for March is of interest.

Allan, in *The Practitioner*, very properly points out that enthusiasm for testing out new drugs often leads to neglect of older remedies, and this sometimes results in useful therapeutic agents falling into desuetude. The value of turpentine applied locally for hemorrhage is well known, yet it is not so frequently employed as it might be. This is rather surprising because turpentine is gener-

ally available, or at any rate is easily obtainable. Allan has many times demonstrated its local utility in hemorrhage in practice, and he can best illustrate this point by quoting a few cases.

A workman had an oblique portion of the tip of one of his fingers removed by the blade of a cutting machine. There was considerable hemorrhage, but no actual bleeding point which could be ligatured was to be seen. There was simply capillary oozing, which gauze soaked in hydrogen peroxide, etc., failed to check. When Allan saw the case he suggested the application of gauze wrung out of turpentine, and this was successful in stopping the bleeding. In another case a soldier had several teeth extracted and the after-bleeding, especially from one tooth socket, seemed uncontrollable. The bleeding was so severe that the man was admitted to hospital instead of being returned to his depot. The customary styptics were applied locally without success, but when turpentine was tried the hemorrhage ceased. Another youth had a submucous resection of the septum nasi done and, contrary to the usual experience, persistent capillary oozing set in, which was not checked until the nasal cavities had been packed with gauze soaked in turpentine. In a little boy, who was afterwards discovered to be a hemophilic subject, an abscess was opened in the thigh, and from the wall of the abscess cavity hemorrhage occurred which proved difficult to check. The best local application in this case also was gauze packing soaked in turpentine.

There is one practical point in using turpentine for the purposes indicated, and that is, the gauze should not be applied saturated with superfluous fluid. The gauze should be well soaked in the turpentine, but prior to application to the affected part it should be thoroughly squeezed dry, otherwise results will be disappointing. Allan has employed turpentine with success when other drugs have failed, and considers this homely remedy deserves fuller recognition in the routine treatment of capillary hemorrhage. S. E. E.

### SUICIDES IN THE ARMY.

The last statistics we have seen concerning suicides in the army during the world's war gives the total number as 339. Abroad there were 146 and in this country 193. This is less than the average in civil life during the past few years.

### BLOOD-PRESSURE IN NITROUS-OXIDE-OXYGEN ANESTHESIA.

Davis concludes an article in the *Therapeutic Gazette* as follows:

1. In a series of fifty-three cases of nitrous-oxide-oxygen anesthesia, in fifteen per cent, there was a rise of blood-pressure of from 10 to 50 mm. of mercury.

2. In twenty-five per cent. there was a rise of 10 mm. or less at some time during the anesthesia.

3. Rise in blood-pressure was always accompanied by rigidity, jactitation, or lividity.

4. Eight per cent. showed no blood-pressure changes.

5. In fifteen per cent. there was a fall of less than 10 mm. of mercury.

6. In thirty-seven per cent. there was a continued fall of from 10 to 30 mm. of mercury.

7. In eighty-five per cent. there was either no change, a fall, or a negligible rise in blood-pressure.

8. Nitrous-oxide-oxygen anesthesia is not accompanied by a rise in blood-pressure if a sufficient amount of oxygen is admitted to prevent rigidity, jactitation, or lividity.

### POINTS IN TREATMENT OF TUBERCULOSIS.

Landis has an article in the *Therapeutic Gazette* for February, 1919, on "The Management of Fever in Pulmonary Tuberculosis," from which the following is an excerpt:

Under what circumstances can the rest treatment be modified if fever is present? There are two groups of cases to be considered. In the first place, there is the chronic case of many years' standing. Usually the lung lesions are more or less

extensive and cavity formation is commonly present. If such a case has never undergone treatment the method should be the same as that outlined above for the early case. If, however, the general condition is good and the patient has had one or more experience with sanatorium treatment, slight elevations of the temperature ( $99^{\circ}$ - $99.3^{\circ}$ ) three or four times a week need not necessarily call for absolute or even modified rest. There are many such individuals, some of whom follow their daily employment, who have little or no trouble. How much latitude we will allow such a patient will depend a good deal on how long the disease has been present; whether the patient has been subjected to sanatorium treatment previously; and, lastly, his method of living. If the history indicates disease of long standing and the patient has learned his limitations, he can be trusted to be up and about and even work, although some slight degree of fever is more or less constantly present.

Finally we have to consider the management of the hopeless advanced case. A marked degree of afternoon fever is almost constantly present in these cases. Inasmuch as the outlook is hopeless we can afford to disregard not only the fever but other symptoms. Our object when this stage is reached is to make the patient as happy and as comfortable as possible. In most instances such patients had best be kept quiet and in bed, not because anything is to be expected in the way of improvement, but solely because they are usually more comfortable and suffer less annoyance from their symptoms. Some of them, however, chafe at the prolonged rest in bed; they insist they feel better when up and dressed, and in some instances claim that a little exercise relieves them. The outlook is almost invariably hopeless if a hectic type of temperature is present, the pulse-rate is 120 or higher, and a third of the body weight has been lost; if in addition one or more serious complications are present, a fatal ending is inevitable. Under these circumstances the patient may be allowed to sit up for a time each day and even get dressed



if it makes him better satisfied, and at the same time does not aggravate the symptoms. Very often merely consenting to such an arrangement or one or two trials satisfy them that after all bed is the best place.

A word as to the diet. Fever is to be disregarded in so far as feeding the patient goes. It must be borne in mind that we are dealing with a wasting disease. Next to rest, our chief reliance in arresting the disease is by building the patient up and increasing his resistance. Loss of weight must be checked, and furthermore the loss already incurred must be restored. There is no need of following dietary fads. What is wanted is a liberal supply of wholesome, nourishing food. Three meals a day of an ordinary mixed diet, supplemented, if the loss in weight is marked, by six to eight glasses of milk, will give satisfactory results in the great majority of cases. It is necessary, of course, in some instances to have recourse to special kinds of food if the patient has a capricious appetite and an uncertain digestion.

#### CARDIAC DISEASE.

J. C. Gittings and B. Smith, Lakewood, N. J. (Journal A. M. A., March 29, 1919), give their observations and practical conclusions from nine months' experience on the Disability Board. The determination of disability hinges on diagnosis, and the classification of cases is considered in detail. In this, they have followed the revised manual of the medical department rather than employ certain terms that have recently come into use, such as "neurocirculatory asthenia." In the diagnosis, the history is of the utmost importance, and must be taken with special care to avoid suggestion. At present, however, exaggerated claims of disability prior to military duty tend to lessen the chance of compensation. The term "constitutional inferiority with functional cardiac disorder" is used to cover all forms of inferiority except that of chronic invalidism. The patients give a history of disability from early childhood, perhaps due to various illnesses,

but are essentially lacking in aggressiveness, ambition and endurance. There is usually associated mental deficiency, physical examination is essentially negative, and development usually below normal. Variations in the sounds of the heart are heard almost invariably, a thin chest wall facilitating sound conduction. These men are essentially useless for military purposes, and the majority would be recognized and rejected by experienced army surgeons on account of their evident inaptitude. Whatever claims they make, it is perfectly fair to assume that they have not been made worse by service. One who enters the hospital within a month or less, cannot be said to have suffered any real harm from his military effort, and disability should be rated below one-tenth. The second class is defective physical development with functional cardiac disorder. The physical defect is more or less in evidence. The most frequent is the so-called habitus enteropticus, the chest of the "carnivorous type" with relaxation of the abdominal muscles and poor development of the others. The early history resembles that of the first class, but they have not the same lack of ambition. It should be carefully differentiated from the syndrome accompanying active tuberculosis. Most of the men of these two groups are total abstainers from alcohol, because its effect is unpleasant. Exercise does not improve them greatly, and the marked cases are useless for military duty and should never have been passed. The breakdown, however, comes later in this second group, and probably results from the stress of military life. Cases are given illustrating these two types. Once in a while an individual is found whose cardiac disorder is out of all proportion to his clinical defects, and who is far above the previously described in intelligence and ambition. The cardiovascular system apparently breaks down under the strain in spite of the will to carry on. In this type, most striking cures can be brought about by graduated exercises, and patients should not be discharged until that treatment has failed. In the

third group we have cardiac disorder of the functional neurotic type, the individual whose phobias have been directed to the heart. Palpitation, precordial pain and vertigo are more pronounced than actual fatigue, and the dyspnea is more subjective than objective. Slight enlargement of the thyroid is sometimes present, and may make differentiation from true hyperthyroidism difficult. A careful history of these patients shows that the cardiac disorder goes back to early childhood, while true hyperthyroidism is evidently of recent development. A fourth group is cardiac disease of a functional type due to infection. When it follows an infection occurring while on duty, the examiner's duty is obvious, but the determination of the amount of disability is difficult. The physical findings in these cases are practically the same as in the former groups, but there the dyspnea on exertion is the most prominent symptom. The disability may not be great if the previous occupation has been light or sedentary. A comparatively small number of cases of true hyperthyroidism with tachycardia, etc., were met with. Since treatment of true exophthalmic goiter, other than surgical interference, primarily consists of complete physical and mental rest, it is vitally important to differentiate this type from the functional disorders. The disability resulting from true exophthalmic goiter should be absolute, but with the prospect that full compensation may not be needed indefinitely. Mixed types of all four groups are sometimes met with. The various organic heart troubles receive due attention from the authors. The actual and relative number of cases of aortic regurgitation has been surprisingly large. This may be due, first to the fact that mitral murmurs are less easily overlooked and that their possessors are rejected earlier, or to the possibility that the stress of intensive training and actual battle have aggravated conditions that were previously only in their incipency. Most systolic murmurs are functional rather than organic and the authors point out their important diagnostic findings. Two cases of con-

genital heart disease are reported. In the series, so far as they have observed, over 60 per cent. of those with functional cardiac disorders have had light easy employment. Of the organic cases, over 80 per cent. have had active work, and did not hesitate to take chances as do the functional cases. The authors' experience has demonstrated to them that any type of functional cardiac disorder does better with exercise than with rest, which must be graduated from the smallest possible beginning and constantly encouraged. The neurotic type is too self-centered and neurasthenic to be reached in ordinary class work. The approach to the individual must be psychiatric as well as physical. The postinfection type of cases affords the best chance for real cure, care being taken to avoid strain, while true myocardial lesions require rest. Finally the remark that graduated exercises are better tonic for cases with valvular defects than clinical teaching has led us to believe. Caution must be emphasized, however. With skilled knowledge of the prerequisites the treatment will be successful.

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#### LOCAL TREATMENT OF GONORRHEA IN THE FEMALE.

Dr. William J. Robinson outlines the local treatment of gonorrhea in the female in the *Medical Standard* for February, 1919, as follows:

If the local treatment in male urethritis is important, it is much more so in gonorrhea of the female. In fact, it is the only part of the treatment from which definite results can be obtained, the internal treatment being merely occasional and auxiliary. The treatment, to be successful, must be of two kinds; one administered by the physician, the other administered by the patient, or to the patient at her home. The home treatment consists in the use of injections and suppositories. The medical treatment, that is, the treatment on the part of the physician, consists in local applications, that is, in swabbing and painting the parts, and occasionally in cauterizing. Both parts of the treatment

are necessary, as they supplement each other.

As stated before, the home treatment consists in the use of vaginal douches and suppositories. The injections that I prefer to all others are iodine, lactic acid, and a combination of alum, zinc sulphate and copper sulphate. Where the discharge is very profuse the injections should be given as often as four times a day. After the discharge becomes less profuse, twice a day and then once a day is sufficient. The iodine injections are made by adding one tablespoonful of tincture of iodine to two quarts of hot water. In some cases this is too irritating, and we may commence with a teaspoonful to two quarts of water. The lactic acid is used in the strength of 1-500 to 1-1,000. The alum, zinc, copper combination has the following formula:

Aluminis .....oz. 4  
Zinci sulphatis .....oz. 1  
Cupri sulphatis .....dr. 4

Sig. Tablespoonful to 1 or 2 quarts of water.

The injections or douches should invariably be taken in the recumbent position, the patient lying flat on her back on a flat douche pan. It is better when the buttocks are raised, so they are on a higher level than the rest of the body. The injection is given very slowly, the fountain syringe hanging but high enough to permit the liquid to run out. After each injection the patient should remain for half an hour, or at least fifteen minutes, flat on her back. This permits some of the liquid that remains in the vagina to bathe the vaginal walls and cervix. In the average case I order two vaginal douches a day: in the morning, either the iodine or the lactic acid solution; in the evening, the astringent powder. Where three or four injections a day are ordered they are used in alternation. There is no doubt as to the good effect of these injections. Not only do they keep the parts clean and mechanically remove the discharge, which is such a good nutrient medium for the various saprophytic bacteria, but they also have a gonocidal effect, heal ero-

sions and congestions, and help materially the doctor's work.

In some severe cases I also order suppositories, one suppository to be introduced at night. The suppositories usually contain as their active constituent either protargol or the lactic acid bacillus. The formulas of these suppositories are as follows:

R Protargol .....gr. v  
Olei Theobromatis .....dr. 1  
M. f. suppos. ovale vel glob..No. 1  
D. Tal. Dos.....No. 12

Sig.—One at night, inserted high up in the vagina.

R Bac. Bulgaricus Tablets.....gr. x  
Ol. Theobromatis .....gr. 1  
M. f. Suppos.....No. 1  
D. Tal. Dos.....No. xij

The tablets may also be inserted in substance.

The Doctor's Treatment—The patient comes to the office always immediately after having taken a thorough douche. The only time the douche is left out is when the doctor wants to make a bacteriological examination of the secretions. He wipes off the vulva, examines carefully for any inflamed points or erosions, and if there are any he touches them with silver nitrate, 10 to 50 per cent., or even with the silver nitrate stick. The ducts of Bartholin's glands are examined carefully, an attempt is made to express any pus, and if found necessary they are cauterized with a thin probe or a 10 per cent. silver nitrate solution is injected into them by means of a hypodermic syringe with a blunted needle. The urethra is next examined, and if affected is swabbed with a 5 to 10 per cent. silver nitrate solution. As a rule the urethra responds to treatment very readily. I have no use for any urethral bougies or suppositories in women any more than I have for them in men. The vagina is next examined with a speculum and a good light, and erosions, if any, are touched with silver nitrate solution, 10 per cent., or tincture of iodine full strength. Lactic acid, full strength, is also a good application.

We then come to the cervix, which is

the most important part of the treatment. We wipe it off as carefully as we can, introduce several cotton-wound probes and try to remove the cervical plug. The entire cervix is then painted with tincture of iodine, and a thin cotton swab dipped into tincture of iodine is gently introduced in the os. Care is taken not to pass the internal os, though if it should pass the danger of extension of the infection would be nil, or practically nil. Iodine is one of the best agents we have in treating gonorrhea in the female, and while I still use silver nitrate applications to the vagina, vulva, and urethra, as far as the cervix is concerned I limit myself exclusively to iodine. My results have been much better since exchanging silver nitrate for iodine, because silver nitrate denudes the delicate surface of the cervix, and may perhaps be influential in causing an extension of the inflammation. Instead of a probe a thin, long uterine syringe may be used and a few drops of tincture of iodine may be deposited in the cervix.

When the infection has spread into the endometrium and the tubes then it really ceases to be a genitourinary and becomes a gynecological case. But the gynecological surgeon can do medicinally no more than the ordinary physician unless it is a case which demands operation. The proper treatment of endometritis and salpingitis is rest, hot or cold applications by means of compresses or poultice to the abdomen, and tampons of gauze saturated in glycerite of boroglycerin or ichthyolglycerin or thigenolglycerin. That is all we can do and that is all we should do. Injecting or swabbing the uterus with caustic or strong antiseptic applications, scraping, or curetting the uterus, all these are brutal and useless procedures; not only useless but injurious. They may do good in some cases, but the cases in which they do harm are so much in preponderance that no conscientious physician should employ them. We can never be sure of removing all the germs by these measures, while we are pretty sure to cause their further spread and development and to aggravate the inflammation. Curetting is

not abused so much now as it was formerly, but it is still practiced ten times more often than it should be. Hot baths, particularly pretty concentrated sea salt baths, are useful in aiding the absorption of exudates. And I repeat that unless the case is a distinctly surgical one, demanding surgical intervention, this is all the gynecologist, genitourinary surgeon, or general practitioner can do. An attempt to do more is not generally dictated by a desire to benefit the patient.

### PNEUMONIA.

In the epidemic of influenza at Camp Devens, Ayer, Mass., in which the *Bacillus influenzae* of Pfeiffer was established as the etiologic factor, a number of cases of atypical clinical pneumonia occurred, and are reported by L. H. Spooner (Boston), A. W. Sellards (Boston), and J. H. Wyman (Midway, Mass.), Camp Devens, Mass. (Journal A. M. A., Oct. 19, 1918). A small number of these cases were shown to be due to the grip bacillus alone. Bacteriologic studies at necropsies showed that many of them were not purely influenza, and approximately 20 per cent. were found to be of Type I pneumonia by the sputum examination. Blood cultures during life revealed the same in eight cases. Before the epidemic, serum of titer (Squibbs) had been used in typical Type I pneumonia, and the mortality was 20 per cent. The same treatment during the epidemic gave a mortality of 43 per cent., and at its height the laboratory received a supply of high titer serum (Rockefeller). Under its careful administration fourteen patients recovered or are fairly convalescent, and one has died. The following is the author's summary of results: "1. A normal number of Type I pneumococcus pneumonias were found complicating or following influenza. 2. The mortality in this group, when treated with serum of low titer during their entire course, or only in the last stages with high titer serum, was approximately double that similarly treated before the epidemic. 3. An unusually high mortality in Type II cases

of pneumonia was found during the epidemic of influenza. 4. Patients treated with high titer serum during the entire disease showed a mortality of only 7 per cent. 5. It is considered inadvisable to inject pneumonia patients with large quantities of low grade serum."

#### FALSE TEETH AS A CAUSE OF CANCER.

The following are excerpts from an article by Everett in the Medical Record, February 15, 1919:

The plates used for supporting false teeth, when imperfectly fitted, are proving such a prolific source of cancer that a note of warning should be sounded to the general public. The medical and dental professions will do well in co-operating to take prompt action whenever there are indications of chronic irritation of the gums from which teeth have been extracted. There have come under my observation as director of the Radium Institute of New York City many instances in which faulty artificial dentures have caused the development of malignant growths along the line of the maxillary processes.

Realizing the value and importance of hearty co-operation on the part of the dental surgeon with the family physician in facilitating prompt diagnosis and treatment, I am requesting all dental practitioners to give this subject watchful attention. I feel that the average person wearing artificial dentures does not report to the dentist as frequently as he should, following the introduction of new bridge work, plates, etc. At certain periods the changes in the structure, both bone and tissue, are very considerable and that which would be considered a perfectly adapted denture today may three months hence be a source of continual irritation. Perhaps an equally serious pathological condition to be considered is the chronic pericemental hyperemias and untreated pyorrhea alveolaris cases. The latter is an exceedingly common state which is quite often associated with cancer of the superior and inferior maxillary regions.

Let it be emphasized, as strongly as possible, that any chronic irritation serves as a predisposing factor at least in causing cancer. Let it also be emphasized that cancer is at first a local disease, which for a time is held within its own confines. As such it is curable by prompt and thorough removal. Let it still further be emphasized that the sole reason why cancer is at present so seldom cured is because it is rarely recognized in its primary state and promptly accorded treatment.

The lamentable statistics that constantly confront us will be wonderfully improved by the extension of such information as will educate the laity to the degree whereby they will not be ignorant of the known facts about cancer. The benefits of such knowledge should be widely disseminated by means of the physician, dentist, nurse, teachers and settlement workers throughout the land. In this way, and by such means only can we hope to greatly improve this important phase of the cancer problem.

#### THE DOCTOR'S INCOME.

The following, issued by the United States Government, gives an idea of the comparative income of those engaged in various professions and lines of business. It shows that the lawyer's income is about one-half that of a banker; that the physician's income averages one-half that of the lawyer and that the clergy's income averages one-half that of the physician. while professors and tutors receive an income about one-half way in amount between the clergyman and the physician.—Southern Calif. Prac.

#### PSORIASIS

Hutchinson's favorite local treatment is Acidi Chrysophanici, Hydrarg. Ammon, of each grs. x., Liq. Carbonis Detergens, mx. Adeps Benzoat. 1 oz. Remove all scales, as far as possible, by washing or a warm bath, and then rub the ointment into each patch for half an hour at bedtime, but if this is disagreeable it may be wiped (not washed) off.—Critic and Guide.

## MEDICAL MISCELLANY.

### ROCKEFELLER MILLIONS FOR DISEASE FIGHT.

Information has been furnished the Journal which shows the wonderful work that will be done in 1919 by the Rockefeller Foundation in fighting disease. I fear we do not realize the great gift to humanity that has been given by this philanthropist.

The vast program of usefulness which the Rockefeller Foundation has embarked on for 1919 has been announced by Dr. George E. Vincent, president of the foundation. More than \$2,250,000 will be spent for public health and more than \$3,500,000 for medical education.

It is anticipated, Dr. Vincent states, that the income of the fund in 1919 will be \$6,750,000. Against this the budget provides \$2,264,130 for public health and \$3,662,504 for medical education. The other items in the budget are \$103,000 for miscellaneous payments on long-term appropriations and \$146,662 for administration. There is left \$465,110 available for appropriations. Of the 1918 income \$2,787,406 has been brought forward to be used to meet appropriations for war work made in 1918, but yet to be paid for.

Public health activities in 1919 will consist chiefly of efforts against yellow fever, tuberculosis in France and the hookworm disease. The yellow fever commission, headed by Maj. Gen. William C. Gorgas, is starting a war against the disease with hopes of its complete elimination. The commission on tuberculosis in France, which has been co-operating with the American Red Cross, will continue its work with an enlarged budget as the request of the French authorities. Demonstrations in the control of malaria will be carried on in the southern states.

The campaign against the hookworm disease will be carried on in twelve states and twenty-one foreign countries. In addition appropriations have been made for special studies and demonstrations in mental hygiene by the national committee for mental hygiene, also for

the creation and maintenance of a school of mental hygiene and public health nursing.

The foundation's chief work for the year in the medical education will be in connection with the development of training in modern scientific medicine in China, through the foundation's China medical board. This board is developing a strong medical center at Peking, and the center will open this fall. It is planning another medical school and hospital for Shanghai and is helping to strengthen medical work of other organizations already established throughout China. It is furnishing fellowships for medical study in America by Chinese students, physicians and nurses and of medical missionaries on furlough.

Other expenditures for medical education are for special work by the Rockefeller Institute, which in 1919 will continue, by request of the war department, maintenance of the War Demonstration Hospital, the work of the medical division of the National Research Council, assistance in the care and treatment of soldiers mentally and nervously disabled and work under the united war work fund and the Commission on Training Camp Activities.

### STATE BOARD LICENSES ISSUED.

The names of thirty-seven persons who passed the February examination to practice medicine in Indiana were announced by the state board of medical registration and examination. There were no failures in the class of fifteen. The honor group attained more than 900 points out a possible 1,000 in the examination.

Arlie R. Barnes of Indianapolis heads the honor roll. The others in this group are Louis P. Harshman, Emory Luckenbill, George B. McNabb, Ward Norris, James Wynn, Edward Binzer and Ralph McIndoo, all of Indianapolis; Irvin C. Barclay, Evansville; H. Voss Harrell, Noblesville; Ora K. Enzor, St. Joseph; Edgar C. Davis, Salem; Cecil P. Clark,

Goodland; Doster Buckner, Poneto, and Lacey Shular of Waynetown.

The others to receive licenses as doctors of medicine are Peter J. Birmingham, Norman R. Byers, Henry F. Crossen, Harvey B. Decker, David E. Hawthorne, Everett L. Hays, Ray C. Ikins, Maurice Kahler, Charles J. Kirshman, Frank E. Long, Thomas R. Huffines, Robert L. McClure, F. G. McMitchell, N. P. Mextaxes, and Benjamin D. Paul, all of Indianapolis; George S. Bliss, Ft. Wayne; Harry J. Burkholder, Evansville; Harry L. Kahan, Gary, and John R. Newman, South Milford.

The doctors of osteopathy are Ferne Eckhart, Joseph E. Kilman and Everet V. Woodruff, all of Indianapolis.

Three passed the examination for midwife. They are Mrs. Lafe Prow, West Baden; Mrs. Anna Hewlig, Gary, and Mrs. Anna Hedrick, Indianapolis.

#### **DR. R. B. JESSUP OF VINCENNES SHOOTSELF AT CINCINNATI.**

Dr. Robert B. Jessup, age 60, of Vincennes, ended his life by sending a bullet into his brain March 4 in his home at a hotel in Cincinnati.

Mrs. Jessup had just gone into an adjoining room when she heard a shot. Returning she found her husband on the bed. Death was instantaneous. Mrs. Jessup could assign no reason for her husband's act.

Dr. Jessup had been under treatment for his eyes for several weeks.

#### **DR. HARRY WEIST ENDS LIFE AT HOME IN NEW YORK.**

Word was received at Richmond, Ind., March 7, that Dr. Harry Weist, age 51, formerly of Richmond, was found dead in the bedroom of his home in New York March 6. A bullet wound in his head caused death, the police saying there was no doubt that he committed suicide. Dr. Weist was the son of Dr. J. R. Weist of Richmond, who before his death was one of the prominent surgeons of the state. The son was engaged in practice in Richmond until six years ago, when he went to New York, where he

was one of the physicians in the employ of the Pennsylvania Railroad. Besides the widow three children survive.

#### **VICTORY LIBERTY LOAN MEDALS FOR WORKERS.**

An interesting announcement from Washington, in connection with the coming Victory Liberty Loan campaign, is that the workers in the Victory drive will be awarded medals made from captured German cannon.

An official message to this effect was received from the Treasury Department by Ben F. McCutcheon, publicity director of the Liberty Loan organization, Seventh Federal Reserve District, the text of which follows:

"You are at liberty to make full use of the announcement that the Treasury Department will award medals made from captured German cannon to all workers during the Victory Liberty Loan campaign. The medal is the size of a half dollar and contains on one side a reproduction of the treasury building and on the transverse side a certification of loan participation. Space is left for engraving the name of the recipient."

"I heartily approve of this action of the government in casting up honor medals made from German cannon to award to Victory Liberty Loan workers," said Charles H. Schweppe, director of campaign for the Seventh Federal Reserve District. "It supplies an added incentive to supreme endeavor and surely will have a good effect that will be shown in increased sales. The awarding of these medals made from cannon captured from the foe should result in bringing us a full complement of workers."

#### **HOW LORD KITCHENER DIED.**

The name of Lord Kitchener is not only revered by England, but by the world. Many of the successful plans that have been carried out originated with him and the successful termination of the world's war must make us recall the work of this wonderful Englishman. A clipping given me by Dr. A. W. Brayton

tells us in detail about the close of his career. It is an interview with a survivor who describes the sinking of the Hampshire.

Manchester, England.—The loss of H. M. S. Hampshire, with Lord Kitchener and his staff on board, in June, 1916, has been one of the great mysteries of the war. Questions have been asked in parliament and in the press, and a report was presented by the naval committee which investigated the disaster, but until recently no detailed account of it had been published. The following narrative was given in the Manchester Guardian, by a warrant officer, who was saved from the wreck:

"H. M. S. Hampshire, four days after the Jutland battle, in which she sank a light cruiser and a submarine, took Lord Kitchener aboard June 5, 1916, about 5 o'clock in the afternoon, and set out with 800 passengers in the foulest weather known in that region. It had two escorting destroyers, which soon returned to port, as they were unable to face the storm. Everything aboard was lashed down, and only one hatchway was open.

At about 8 o'clock a terrible explosion took place forward, and there was a scramble for the companion. A large number of the crew were young and new hands, and there was a good deal of hurry. All the lights went out at the moment of the explosion. There was no attempt to launch boats, which could never have lived in the sea that was running. Life rafts, however, were launched.

There was no sign of Lord Kitchener, and it is thought that he never got on deck. There was not five minutes between the explosion and the disappearance of the ship. Vain attempt had been made to open all hatchways, and it is thought the crowd at the single one which was opened may have blocked many people from getting on deck.

One raft turned over and the one of the other three rafts on which the warrant officer was riding drifted before the gale for over five hours, when by an extraordinary chance it passed through

a rocky entrance and was beached on an island. By that time of the eighty on the raft many had been washed off, and the rest all but four had died and had fallen into the net in the middle of the raft.

On reaching shore the warrant officer scrambled out and found himself among the rocks.

He scrambled up them with great difficulty, tearing off his nails, and, with one other man, got to the top about 4:30 o'clock in the morning. There he found a shed and spied a moving light. His companions went after it and found a farmer going in search of cattle. With the aid of some farmers, the four survivors, who had been taken to the house, were well looked after. In all, there were twelve survivors, two on a second and six on third raft, blown ashore two or three miles from his landing place.

No officers were saved, a fact which prevented their doings in the Jutland battle being reported and rewarded. There was no time between that battle and the embarkation of Lord Kitchener for a proper report to be made.

The warrant officer scoffed at the idea of Lord Kitchener being alive. He is quite sure that the Hampshire was not torpedoed, but struck a mine.

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#### DR. W. H. JOHNSON DEAD.

Dr. William H. Johnson, age 63, of Indianapolis, died March 26, of heart disease. Dr. Johnson was president of the State Bank of Brightwood and had large real estate holdings. He was the Progressive candidate for mayor some years ago and was an ex-councilman. He graduated from the College of Physicians and Surgeons in 1877. Dr. Johnson was a leader in many enterprises and was the leading spirit in Brightwood.

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#### CAPTAIN CHESTER A. STAYTON, ASSISTANT COMMANDING OFFICER.

Dr. Chester A. Stayton was an efficient interne at the Indianapolis City Hospital, a bright light in the Phi Beta Pi Fraternity and popular among his fellows. He is now assistant Commanding Officer



of the U. S. Army General Hospital No. 24, Parkview Station, Pittsburgh, Pa. The Asyouwere for March 22, 1919, has a 5x7 picture of Dr. Stayton and has this to say:

Captain Chester A. Stayton, M. C., U. S. A., Assistant Commanding Officer, is a native of Indiana and a graduate of Indiana University, School of Medicine, with an A. B., M. D. degree in 1915. He served one year internship at the Indianapolis City Hospital and was resident physician at Indian Village for Epileptics in 1915-1916.

Captain Stayton applied for commission in the Regular Corps, U. S. Army Medical Department April 5th, 1917, and was examined at Fort Benjamin Harrison, Indiana, in June. He was commissioned First Lieutenant, Reserve Corps, July 10th, and ordered to Army Medical School, Washington, D. C. On October 22nd he was transferred to Fort Benjamin Harrison, Indiana, and commissioned as First Lieutenant in the Regular Corps, and was promoted to Captain, Regular Corps, on October 24th.

From September to December, 1917, Captain Stayton served with Field Hospital No. 14, at Fort Benjamin Harrison, and was then transferred to Fort Oglethorpe, Georgia, where he served as Company, and later Battalion and Regimental Commander of the Recruiting Camp. He was transferred to U. S. Army General Hospital No. 24 on January 20th, 1919. As Assistant Commanding Officer he has been most efficient and is one of the most popular and admired officers at the hospital.

#### OUR BOOK DEPARTMENT.

No attempt to economize space is made in our book department. As a rule, an approximate idea can be obtained of what the book contains. These books are from the best publishers. An effort is made to give some of the contents of a publication so that quite frequently the most up-to-date abstracts appear. The work of the department is not stereotyped. Every page of a book is gone over before anything concerning it is written. Much information concerning

booklore can often be obtained by reading what appears in this portion of the journal.

#### THE NORTHERN TRI-STATE MEDICAL ASSOCIATION.

The forty-sixth semi-annual meeting of the association will be held in Elkhart, Ind., April 30, 1919.

The meeting and entertainment will be under the auspices of the Elkhart County Medical Association, which is a guarantee that every member and visiting physician will be royally entertained.

The committee is arranging a splendid program, which will reach you about ten days before the meeting.

The early forenoon will be devoted to surgical clinics, by surgeons of note, at the Elkhart General Hospital.

The main program will be given by specialists in their line.

Will you please attend the meeting?

Do you wish to appear on the program?

Please write the secretary.

Place—Elkhart, Indiana.

Time—April 30, 1919.

G. V. Brown, president, Detroit, Mich.

G. W. Spohn, secretary, Elkhart, Ind.

#### EMERSON, THE PROPHET.

When we reflect on the world's war, may we not recall with profit the words of Ralph Waldo Emerson long ago. Mrs. John Engelke called attention to it at a recent meeting of the Indianapolis Historical Society:

God said, I am tired of kings,

I suffer them no more;

Up to my ear the morning brings

The outrage of the poor.

Think ye I made this ball

A field of havoc and war,

Where tyrants great and tyrants small

Might harry the weak and poor?

I will divide my goods;

Call in the wretch and slave:

None shall rule but the humble,

And none but Toil shall have.

I will have never a noble,  
 No lineage counted great;  
 Fishers and choppers and ploughmen  
 Shall constitute a state.

Lo, now! for these poor men  
 Shall govern the land and sea  
 And make just laws below the sun,  
 As planets faithful be.

I break your bonds and masterships,  
 And I unchain the slave;  
 Free be his heart and hand henceforth  
 As wind and wandering wave.

Today unbind the captive,  
 So only are ye unbound;  
 Lift up a people from the dust,  
 Trump of their rescue, sound!

Pay ransom to the owner  
 And fill the bag to the brim.  
 Who is the owner? The slave is owner,  
 And ever was. Pay him.

My will fulfilled shall be,  
 For, in daylight or in dark,  
 My thunderbolt has eyes to see  
 His way home to the mark.

#### INDIANA IN THE GREAT WAR.

"In proportion to its population, Indiana gave as many of her brave sons to the great war for humanity as any other state in the Union. On every battlefield in France they lie buried—martyrs to as grand a cause as any human being ever fought for since the world began.

Abroad and at home, the men and women of the Hoosier state did their full and patriotic duty, and especially was this true in the several Liberty Loans, every one of which was oversubscribed in Indiana. In the coming Victory Loan the people of our state may be depended upon to put their shoulders to the wheel and to work unitedly and enthusiastically for the success of the loan. And in the Victory Loan, as in each of its predecessors, the grand old Hoosier state will oversubscribe its quota."

The foregoing sentiments, voiced by Edward M. Wasmuth, of Huntington, Ind., chairman of the Indiana Republican

State Central Committee, at the divisional meeting of the 300 Indiana delegates to the Victory Liberty Loan conference at the Hotel LaSalle, in Chicago, on March 21, expressed the sentiments of all the speakers on the program. All placed particular emphasis upon the statement that Indiana would be stronger for the Victory Liberty Loan than for any of the previous Liberty Loans, in spite of the fact that the war is technically over.

"The fighting may be over," declared Fred VanNuys, of Anderson, Ind., chairman of the Indiana Democratic State Central Committee, "but the war is not over, and it will not be over for Indiana until that state has come across to the last penny with its quota in the Victory Liberty Loan. We are peace patriots in Indiana, as well as war patriots, and we are not going to lay down now. The boys over there did not quit, and you can bet that we Hoosiers will not quit."

Other speakers were Mrs. K. McCullough of Fort Wayne and Fred Hoke and George Foley of Indianapolis. Will H. Wade, director of sales of the Indiana Liberty Loan organization, was chairman of the meeting.

#### WORLD RED CROSS PLANS TRIUMPH OVER HUMAN ILLS AND DISEASE.

(From American Red Cross, Washington, D. C., to Indianapolis Medical Journal.)

Washington, March 19, 1919.

"Peace on earth, good will to men," the ideal toward which civilization has been struggling through all the ages, will not seem so far off following the world-wide extension of Red Cross activities now being planned at Cannes, France, by representatives of the Red Cross organizations of France, England, Japan, Italy and the United States. Certainly no other body of men ever set out to shape a program that might be expected to bring about something at least approximating this ideal condition, for the supreme aim of this Red Cross committee is the reduction of disease and distress and the betterment of mankind everywhere.

Thirty days after peace shall have been declared by the momentous conference now reshaping the world's destinies at Versailles, delegates from the Red Cross organizations of the world will be assembled at Geneva for the purpose of considering the program to be submitted by the committee now working at Cannes, France—a program the fulfillment of which should go a long way toward promoting that future harmony among the nations that the peace makers are hoping for. No denying the first requisite to contentment in an individual or a people is good health, and as the promotion of good health the world over is the chief objective of the Red Cross plan, the important relation of the latter to the future peace of the world at once becomes apparent.

#### Will Give Hope to Millions.

With the deliberations of the peace council at an end, the attention of the world will be shifted to the Geneva congress, and prayers for the success of the greatest humanitarian program of all time will rise from the hearts of the hoping millions. This program is being prepared by representatives of the Red Cross societies of the five remaining great powers, the chairman of the committee in charge of this gigantic task being Henry P. Davison, of New York, whose genius in directing the tremendous activities of the War Council of the American Red Cross enabled the latter organization to achieve a record which has won world admiration. Mr. Davison, at the request of President Wilson, who is president of the American Red Cross, has agreed to represent the latter organization in the movement for unification of Red Cross effort. His selection to head the committee at Cannes is a graceful tribute to the American people, whose generosity is recognized the world over as having made possible the achievements of their Red Cross.

Leading experts in public health, tuberculosis, hygiene, sanitation and child welfare work from all parts of the world are now in Cannes or on their way there, summoned to help the committee prepare the plans which will be submitted at

Geneva. Measures for handling problems of world relief emergencies will, as a matter of course, have a large share of the program, but much of the effort will be directed not only toward relieving human suffering and distress, but toward preventing it.

#### Governments in Sympathy.

The adoption of the program by the Geneva delegates is almost a certainty. The governments of the five powers are in sympathy with the movement and other nations with Red Cross organizations or relief societies are expected to follow the lead of Japan, Italy, France, England and the United States. This being the case, a few facts concerning the Red Cross of the various countries should prove of interest.

The International Red Cross Committee at Geneva—the parent of all Red Cross organizations—is the body through which the world program will be carried out. A permanent staff of health and relief specialists is to be maintained at Geneva following the world congress. Geneva will be the clearing house for discoveries along lines of Red Cross work, the place to which each organization will forward all information that may be of value to the others, and where research work having for its object the best means of preventing and combatting disease and minimizing distress will be continuous. The International Committee of the Red Cross of Geneva was organized in 1863, being the realization of the merciful conception of Henry Dunant, the Swiss philanthropist. The committee did splendid work during the recent war, the most trying four years of its history. Gustave Ador, president of Switzerland, is also president of the International Committee.

Because of its great achievements in the world war, the American Red Cross has been accorded leadership in the world movement by the Red Cross of other countries. The organization now has a membership of 17,000,000 adult and 2,000,000 junior members, this imposing total being divided among 3,864 chapters and thousands of branches and auxiliaries, no part of the country be-

ing too remote to be without its Red Cross organization. Dr. Livingston Farrand, who will direct the part the American Red Cross is to play in the universal program, is now at Cannes.

#### Strong National Organizations.

The Red Cross Society of Japan was organized in 1886, and now, with a membership of more than a million and a half and a splendid equipment, ranks as one of the foremost relief organizations. Always in the vanguard of humanitarian activities, the Italian Red Cross was never stronger than it is today, after the great struggle, in which it played such a heroic part. At the end of 1918 the organization had more than 300,000 members. Its complete co-operation with the American Red Cross at a critical juncture of the war proved a great help to the allied cause.

France's Red Cross is made up of three distinct societies, with a combined membership of about 250,000. It dates back to 1865. During the war it provided more than 50,000 nurses of all classifications, and more than 1,400 auxiliary hospitals, with a total of 117,000 beds. At the end of last July it had assets valued at more than \$21,000,000.

With headquarters in London and flourishing branches in Canada, Australia, India and South Africa, Great Britain's Red Cross met every test of the four-year conflict. It is one of the best organized and equipped among the societies that are planning for the future betterment of mankind. The organization has as its most valuable auxiliary the English society known as "The Order of St. John of Jerusalem," whose origin dates back to the days of the Crusaders.

Russia, up to the time of the empire's overthrow, had a capable Red Cross society, the efficiency of which was impaired to a great extent by the class troubles that eventually culminated in the present chaotic condition of the country. The Red Cross organizations of the Central Powers and their allies, Turkey and Bulgaria, are expected to join the movement.

#### Organized on Military Lines.

As is pretty generally known, the German Red Cross and the Austria-Hungary Red Cross were organized along the same thorough lines as the military machines of those countries, being in fact part of those machines. Because of their complete domination by the military authorities, they were regarded by the outside world as being out of harmony with the merciful spirit of the Red Cross. The relief organization in Turkey was known as "The Turkish Society of the Red Crescent," that in Bulgaria as the Bulgarian Red Cross. More than likely what is left of the organizations in these countries will be represented at Geneva.

Belgium has a fine Red Cross organization. So has Switzerland, the birthplace of the man who conceived the idea back of the Red Cross. The emblem of the Red Cross is the Swiss flag reversed, a tribute to the country which has done so much to stimulate relief work throughout the world. The organization has about 50,000 members.

Holland, Denmark, Norway and Sweden to the north, and Spain and Portugal in the south of Europe are all members of the Red Cross family. All the Balkan states have relief societies. China has had one since 1904. Mexico, Central America, South America—these countries have their quota of organizations.

Truly, the touch of the Red Cross makes the whole world kin.

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#### NEWS ITEMS.

Dr. I. C. Barnes, formerly associated with Dr. A. W. Brayton, has moved to 432 Newton Claypool. Dr. Frank Brayton, who is now in army service, will be associated with his father upon his return to civil life.

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The dispensary at the college has a large venereal patronage, and especially during evening hours. An unusual effort has been made by physicians in this work to carry out the instructions of the U. S. Government. The results have been good. It will be necessary to assign

members of the senior class as assistants. In the day clinic the physicians in charge are Drs. A. W. Brayton, Frank Cregor and I. C. Barnes. A part of these do service at night. The Federal work is in charge of Dr. Frank Cregor. It took fifty physicians from the faculty in March to do the general work of the dispensary. W. S. Lynn, the pharmacist, reports that the number of prescriptions filled during three months were as follows: January, 1,725; February, 1,833; March, 2,095. The poor of the city get the best attention, and from competent men.

Mrs. C. Barnhill, wife of Dr. J. F. Barnhill, has been elected vice-president of the Franchise League. At the state meeting of this organization, held at the Claypool Hotel, Dr. A. R. Keller spoke on the importance of thoroughness of organization. It is said that the meeting should have been better attended, since there were several speakers from other cities who have a national reputation.

Dr. M. N. Hadley, formerly secretary of Medical Advisory Board No. 56, has been assigned to surgical work at the City Hospital.

Dr. H. G. Hamer has been released from army service and will resume his practice as an associate of Dr. W. N. Wishard.

Dr. Harry Foreman, a practitioner of Indianapolis and former assistant superintendent of the City Hospital, has been appointed superintendent. He is a man of business experience and good executive ability. He was formerly house physician at the Long Hospital. Dr. Thom is his assistant.

Dr. A. B. Graham will prepare a paper for this journal concerning medical and surgical affairs overseas. He was a member of Base Hospital No. 32. Drs. E. D. Clark and C. D. Humes of the same organization read papers before the local medical society April 8. Dr. W. F.

Clevenger recently read a paper on Red Cross work. The programs of the society have been of the best character and all meetings merit a full attendance. Colonels King and Leslie and Major Page discussed the papers.

J. M. Copeland, age 73, father of Dr. Samuel J. Copeland, died at his residence, 622 North New Jersey street, the latter part of March. He was a man held in high esteem by those who knew him and had been a resident of Indianapolis for many years. The cause of death was chronic nephritis.

Dr. Fred Jackson is house physician at the college dispensary. He was in army service.

Dr. Joel Whitaker has returned from several weeks' stay in Martinsville, Ind.

The executive work of Robert Neff as superintendent of the city dispensary has borne good fruit. A complete record of every department shows the thoroughness of the work that is being done.

Postal cards from Drs. Kime and Solomon, formerly internes at the Long Hospital, now overseas, contain much good cheer and regards to friends.

Dr. Clarence K. Jones has located at 226 Newton Claypool Building.

George H. Berdel, son of Louis and Lena Berdel, died March 9, age 24 years, of broncho-pneumonia. This young man was a private in army service and in Class C. Major Robert C. Baltzell assigned him to Medical Advisory Board No. 56. He was always affable and pleasant in his demeanor to those with whom he came in contact and was always conscientious in the performance of duty.

Dean Charles P. Emerson is authority for the statement that the new medical college will be ready for occupancy not later than July 1st, and perhaps by June 1st.

Drs. W. H. Foreman and F. W. Foxworthy are on medical service at the City Hospital.

Captains H. H. Wheeler and C. S. Strickland of West Baden Hospital visited Indianapolis during March. Captain J. A. MacDonald and Lieutenant J. W. Duckworth, formerly of Indianapolis, are at this hospital.

Dr. Charles D. Humes, neurologist and neurological surgeon, has returned from army service and located at 707 Hume-Mansur Building.

The program at the monthly seminar March 19 consisted of:

Use of thymol for intestinal parasites, especially tapeworm.—Dr. C. J. McIntyre.

Water supply.—Dr. Will Scott.

Empyema following influenza.—Dr. W. D. Gatch.

Dr. Rudisell of Long Hospital presented a patient who had recovered after removal of the larynx.

#### DEAF DOUGHBOY FOOLED THE FAMILY, UNTIL—

Uncle Sam is spending millions that the boys maimed in the war may become self-supporting, independent members of society. He is not baffled by any form of disability, says Samuel Hopkins Adams in the May number of the Red Cross Magazine, telling of what he saw in various reconstruction hospitals.

An interesting, though simple, reconstruction work is that dealing with overcoming the handicap suffered by soldiers who lost their hearing. They are, of course, taught lip-reading and with what success may be judged from the letter of a stone deaf patient who returned to his home after an intensive course in lip reading, determined not to let his family know the nature of his "wound." After forty hours at home the doughboy wrote:

"I have them buffaloeed yet. But I went out after lunch to get a paper and when I came in I sat down with my back to the door, like a simp, to read it. My sister came in quietly and spoke to me four times behind my back. Then she

came around in front and I saw her say, 'What's the matter with you Are you deaf, or are you trying to have some fun with me?' So I had to own up. But I don't think they half believe it yet."

#### WITH ALL OUR LIMBS WE STILL ARE CRIPPLES

How many of us realize we are cripples We have the usual quota of legs and arms, fingers and toes, but we're cripples just the same. Samuel Hopkins Adams made the discovery while studying reconstruction of maimed soldiers at Walter Reed General Hospital, Washington. Describing the incident in the May number of the Red Cross Magazine, he writes:

"I suppose you regard yourself as a whole man,' demanded one of the vocational therapy experts.

"Looking myself hastily over to make sure that I had not lost anything in the surgical ward, I replied that I could count the usual number of arms, legs, and other appurtenances.

"All right,' said the expert, 'but you're sort of a cripple at that. You're atrophied.'

"If I am, I've never discovered it,' I assured him.

"Of course not. People never do until they're shown. You haven't got anything like the full use of more than four fingers and two thumbs out of a total of ten. The normal man—the man who believes himself normal, I mean—never has. Can you light a safety match with one hand'

"He handed me the box and the match. After the second abortive attempt the match fell on the floor and the box fell on the match.

"That's elementary, that stunt,' remarked the instructor. 'Our one-arms can do that before they get out of bed. You see, your two smaller fingers are really cripples. Now we teach our fellows to do the work with those fingers that you have to use another hand for. There's the whole physical principle of our training in its simplest form—substitution."

## BOOK AND JOURNAL REVIEWS.

### **Principles and Practice of Obstetrics.**

By Joseph B. DeLee, A. M., M. D. Professor of obstetrics at the Northwestern University Medical School. Third edition, thoroughly revised. Large octavo of 1,089 pages, with 949 illustrations, 187 of them in colors. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$8.50 net.

Progress in obstetrical knowledge was characterized by a lethargy during the world's war, and yet we recognize that Dr. DeLee has found some valuable contributions. He says that little pruning was necessary, and yet, in the case of Abderhalden's pregnancy reaction, the relation of the endocrine glands to gestation, twilight sleep, the urinary tests for the toxemias of gestation acquired new evaluations.

The author has enlarged upon subjects, such as obstetric anesthesia and analgesia, cesarean section and some others. The newer treatment of contracted pelvis is given attention. In eclampsia conservation is emphasized, and the chapter on the conduct of labor has been enlarged.

There has been a revision of the chapters on embryology and the fetus. More pages have been added to this edition and there are many new illustrations.

Diagnosis is a special feature and the relationship between obstetrics and general medicine, surgery and the specialties is clearly defined. One recognizes that the best literature has been consulted by the author, and yet a factor of the greatest importance is what is set forth as the result of his own experience.

This journal published two articles concerning operations on dead women; in one instance a pocket knife was used by an interne at St. Vincent's Hospital, Indianapolis. In both instances the infants lived. Dr. DeLee says that a fetus will live from five to twenty minutes after the death of its mother. It depends upon the suddenness of death, the child living longer if she dies of apoplexy, accident, hemorrhage, eclampsia

or some very acute affection than if the agony is prolonged, as in tuberculosis, heart disease, etc. If the pregnancy has advanced beyond the twenty-sixth week, no delay is to be allowed after life is positively extinct, but the belly should be opened at once, says Dr. DeLee. It is not even necessary legally to obtain the consent of the husband or the family, though, for one's own protection, the accoucheur should get it if possible.

A degree of certainty is very important, however, and in this line it must be borne in mind that in Strassburg a woman with mitral disease was operated on, supposedly in agony, but it was only catalepsy, and she recovered. The author accepts the advanced idea when he says: "I confess I use the curet with the greatest of distrust, and dispense with it entirely if the finger can gain access to the uterus." This is said in speaking of the technic of abortion, but it would evidently apply elsewhere. The author says that salt solution in all forms of infection is very valuable, but it is not a panacea.

No one can have a thorough appreciation of the great difference in the presentation of the subject of obstetrics unless, as I have done, with a copy of an edition of a few years ago by another author and this one by Dr. DeLee occupying a position side by side. The difference is truly wonderful. For instance, the colored plates showing the vitelline circulation, synchronous vitelline and chorionic circulations, several of the fetal circulation and frozen section, cervix completely dilated with placenta on anterior wall. We have frequently noted plates which show the colostrum and milk, but none to equal the ones before us presenting a leukocyte, colostrum corpuscle, an epithelial cell. What could give a better impression than the six plates of the breast of the different types of the individual, the virgin blonde and the pregnant blonde at different periods of life and pregnancy, the last one being of the breast of a pregnant brunette, primipara about full term.

In the conduct of labor the illustrations point out plainly the steps taken in the stages and then a microscopic plate of an eclamptic liver and one of an eclamptic kidney.

Syphilis and gonorrhea play a role in the black and colored plates in organs of mother and child.

A few pages are devoted to teratology.

Under the anomalies we find the different positions and a splendid presentation of the contracted pelvis in text and illustration.

In speaking of the injuries to the paratentorial canal, the colored plate is again used, and this includes perineorrhaphy.

The X-ray is in evidence when needed to clear up the descriptive matter.

Diseases of the breasts, obstetric operations and operations of delivery seem to have one or more illustrations on every page, and the superior quality of paper takes the ink well.

Cesarean section occupies twenty-three pages, the many plates showing the different steps in the performance of the operation, in which almost every page has a colored plate, and there is shown the uterine vessels in color, and there is a picture of each instrument used, some of which are in position. The finale consists of six pages devoted to the induction of premature labor, embracing the alpha and omega of it.

We offer no apology for the length of this comment, nor the way it is presented; the temptation, after being entertained and instructed for two evenings, was not to do otherwise.

S. E. EARP.

**Mental Diseases**, a handbook dealing with diagnosis and classification. By Walter Vose Gulick, M. D., assistant superintendent Western State Hospital, Fort Steilacoom, Wash. Illustrated. C. V. Mosby Company, publishers, St. Louis. Price, \$2.00.

Dr. W. T. Williamson, in his introduction, speaks of this book as concise and digested information and of its importance to the physician in court or in conducting office or public examinations of the insane or diagnosis in private prac-

tice. With him we agree that it is pleasing and not a mere compilation.

We can here acquaint ourselves with the means of some of the terms with which the physician should be more familiar, and also there is means to become better informed relative to the different psychoses. It might be said that the first chapter gives the classification accepted for use in the War Department and recommended for general adoption throughout the United States.

Though this is true, the originality of Dr. Gulick is manifest, which is due to his direct hospital observation.

A careful study of this book would furnish to many a better understanding of the topics discussed in this journal by Dr. Max Bahr, and perhaps to some his article on dementia precox in our March issue.

S. E. EARP.

**Progressive Medicine**, a quarterly digest of advances, discoveries and improvements in the medical and surgical sciences, edited by Hobart Amory Hare, M. D., assisted by Leighton F. Appleman, M. D. Volume 1, March, 1919. Lea & Febiger, Philadelphia and New York, 1919. Published quarterly. \$6.00 per annum.

The authors are Charles H. Frazier, George P. Muller, John Ruhrah, Floyd M. Crandall and George H. Richards. All persons acquainted with recent medical literature at once recognize the ability of these men. Frazier consumes fifty-seven pages relative to the brain, and appropriate topics follow. Surgery of the heart, lungs and pleurae provides much good reading and up-to-date information, by Muller.

The infectious diseases, including acute rheumatism, croupous pneumonia and influenza, are at once recognized as germane topics. There is an interesting table contrasting measles and serum sickness. The French methods in the treatment of cerebrospinal fever is a review of a book by Dopter, that there follows considerable text in the same line. The different opinions as to the value of vaccines in pertussis are given,



and further observation will be necessary before its value can be determined, says Dr. Muller. War camps and hospitals furnish a large amount of material for the discussion of the pneumonias.

Crandall speaks of diabetes insipidus in children, enuresis, cervical lymph nodes, pernicious anemia in infants, atony, pyloric stenosis and other topics of a like nature which are of especial interest to the pediatricist and general practitioner. Richards gives much space to military otolaryngology. Bronchoscopy and esophagoscopy for foreign bodies is given at length. Regarding the association of the tonsils and dentition, one occasionally reads in medical literature that one of the functions of the tonsil is an association with, as the tonsils become swollen and inflamed with the eruption of the teeth, and when the tonsils are removed in infancy and childhood there follows a deleterious effect on dentition. The question was submitted to twelve of the best orthodontists and oral surgeons in America, and they denied, without exception, that early removal of the tonsils had any effect whatever on the development of dentition, and I know of no evidence that tonsils under normal conditions are in any way connected with their development, says Dr. Richards. He believes that arthritis and chronic rheumatism are improved by removing an offending tonsil.

As we have gone over every page of this issue, much important matter has been passed by, and only incidentally has reference been made to a few topics. The many good things we leave to the possessor of this volume.

S. E. EARP.

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**Three Books by Dr. George F. Butler.  
An Appreciation.**

"The Isle of Content" is the title of a book by Dr. George F. Butler and is the subject of one of the contributions, together with other waifs of thought, as the author designates them.

"The Isle of Content" (a fantasy) is a beautiful story of two who met at the

sea of desire, he from the land of cloud and snow, and she from the region of sun and flowers. Roses and Thorns opens with a quotation of Jean Paul Richter, who was capable of weaving language around thought so that every tendril sparkled with dew of early morn.

The Desert and the Rose permits us to recognize essential truths that seem more than half hidden, and Dr. Butler thinks of the great Angelo musing over a block of marble which aids in inspiration—"Lo, I see an angel imprisoned here—I will release him." How near Dr. Butler approaches the center of our thought when he says "there are marble natures everywhere around us, hearts grown cold with departed hope, or cruel disenchantment, or base betrayal, which await only the kindling touch of sympathy and loving insight to call into joyous being the angel in them. Long have their ardent yearnings led them o'er burning plowshares, 'til their feet are seared and they are very, very weary. Strike but a kindred chord and the inner music of their lives responds with exultant harmony. We need not resurrect Jean Paul Richter, for here we find that warmth of sympathy which responds to the call of the heart.

Just read "What's the Use" and think of the author in a quiet room with his gaze on the soulless eyes of the skull, saying:

If all be false,  
Tell me, O Skull! as thou wert under oath,  
The truth, whole truth, and nothing but the truth.  
If these, our dreams, are only mockery,  
Then what's the use.

The voice grew fainter, and, as in a dream,  
I pondered long the solemn oracle.  
Still, as the moonlight calmly o'er me streamed,  
Soothing my mind with pensive melancholy,  
I could but hear the echo of that sigh,  
Borne on the wings of subtle fantasy;  
But what's the use.

This is the queer kind of melancholy that we need not fear ending in dire results, for it ends by the climax, "What's the use," and then era of new life.

Dr. Butler finds solace everywhere. Encouragement is always near at hand and we are shamed into making the best of our condition with the improvement of our opportunities. He gives a panacea for discontentment and so appropriately quotes Charles Lamb: "Away with this vale of tears; there is more life than death in the world—consequently more health than sickness, more happiness than misery." Pessimism is supplanted by a spiritual philosophy, and hence we feel the nearness of Tennyson and Emerson, so Dr. Butler shows us that we should make the best of everything. He says under the title of "The Pity of It," "There is no ill that cometh not for good." It is a singular fact that the blind—whether the misfortune be congenital or accidental—seldom, if ever, despair. They upon whom is laid the heaviest hand of inscrutable destiny teach us to bear our lot gently and uncomplainingly. "Nothing happens to any one but what is in his power to endure," says Antonus. To assume that all men are miserable because we ourselves are unhappy impugns our reason. "We have strength enough to bear the ills of others," says La Rochefoucauld. Dr. Butler asks, "Why not then our own?"

The *Repose of Literature* brings a quotation from Balzac concerning knowledge, but we like Dr. Butler's quotation from Longfellow:

"The love of learning, the sequestered nooks and all the sweet serenity of books," and Goethe, in *Faust*, portrays the student's inmost heart:

"When in my study chamber nightly,

The friendly lamp begins to burn,  
Then in the bosom thought beams brightly,

Homeward the heart will then return.  
To peace are lulled life's wild desires,

The hand of passion lies at rest;

The love of God the bosom fires,

The love of man stirs up the breast."

Dr. Butler says only the scholar can adequately comprehend the scholar's quiet ecstasy, as only the violinist can divine the violinist's skill, or the artist correctly judge the painter's art.

To express the communion with one's self when in study is thus suggested. "Solitude," said Landor, "is the audience chamber of God."

The *Lessons of Nature*, with the beauty of outdoors, suggest to our mind our favorites, Bryant and Ruskin.

So, as we pass along, we read "Mental Jaundice," "Childhood's Realm," "Ourselves and Others," "Victory," "The Blending of the Streams," and then "A Heart's Tribute" brings us to the wisdom of that man whose name becomes more revered as years pass on, Dr. Oliver Wendell Holmes. Another book, "Echoes of Petrarch," is one of poems, dedicated to the author's wife and daughter. The sonnets of love are real love and the sentiment as pure "as the dew on drooping flowers as the moonlight wakes the nightingale."

One feels the loneliness of circumstances when reading Dr. Butler's "So Wait I."

As a lone blossom folds its blush within,  
When twilight shrouds the light in which  
it lived,

So fade I without thee.

A third book, or, perhaps, in pamphlet form, is on "Books and Conversation." The first page shows Dr. Butler in his book den. It is a good likeness, and we appreciate this gift from the author. The introduction, "To My Friends," unfolds what we soon recognize, that the essay is a Christmas token in which there is shown an ardent love for booklore and an appreciation of the communion with friends. He says: "I would not decry the rapid yet innocent chat which forms so large an ingredient of general intercourse. Nay, let croaking age be silent; may we never be old enough to forget that even the flirtations, with all their maddening train of hopes and fears, were not so very wicked, but served to keep alive the 'warm love of the heart,'

which in youth's exultant morning out-values science and philosophy in its ennobling and sustaining power."

To read such books gives us a greater confidence in our fellow creatures, in sures deeper friendships and inspires us with thoughts that make life worth living.

S. E. EARP.

**The Surgical Clinics of Chicago, Volume 3, Number 1 (February, 1919).** Octavo of 236 pages, 75 illustrations. Philadelphia and London: W. B. Saunders Company, 1919. Published bi-monthly. Price per year: Paper, \$10.00; cloth, \$14.00.

This issue of the Clinics is at least equal if not superior to others. To form an idea of its value, a few of the important clinics will be given here in abstract form.

**Blood Transfusion, by Dr. Victor D. Lespinasse.** Summary: Difficulty encountered in blood transfusion—methods employed to obviate clotting of blood; indications for transfusion—class of cases met with in army work; methods of testing blood—technic of the Moss test; selection of donor—the ideal one; methods of direct transfusion—use of irido-platinum tubes; paraffined cylinders; indirect transfusion—cylinder citrate method; citrate method—apparatus necessary; disadvantages; reactions following transfusion—transmission of disease; comments.

**Three Cases of Facial Plastic, by Dr. Carl Beck.** Summary:

Case I—Keloid scars on face and deformity of eyelids following burns received during an epileptic seizure; plastic operation for restoration of eyelids—results.

Case II—Crushing injury to nose; stages of reconstruction operation—results.

Case III—Destruction of nose following treatments for an eruption; method of constructing a new nose; lesson to be learned from this case.

**Radium in Malignant Disease. Demonstration of Three Patients Treated**

**With Radium, by Dr. Frank Edward Simpson.** Summary:

Case I—A case of epithelioma involving the base of the tongue (left side), the median glosso-epiglottic fold, and the left vallecula; macro and microscopic diagnosis; insertion of three radium needles into the growth; clinical recovery.

Case II—A case of carcinoma of the left lateral surface of the tongue; insertion of radium needles into the growth; clinical recovery; six months later metastasis to the submaxillary and submental glands of the neck; insertion of radium needles into the glands underneath the jaw combined with powerful surface application; clinical recovery.

Case III—Epithelioma of the left lower eyelid, nose, cheek and upper lip; clinical recovery under radium treatment.

**Sarcoma of the Labium, by Dr. Arthur Dean Bevan.** Summary:

Recurrence of tumor in the labium following removal fifteen months previously; operation—technic of closure.

**Roentgenologic Demonstration of Several Unusual Conditions of the Genito-Urinary Tract, by Dr. Maximilian J. Hubeny.** Summary:

The Roentgen ray as a diagnostic aid; report three cases in which the roentgenologic examination showed the presence of unusual conditions in the genito-urinary tract; bibliography.

**Three Cases of Sinus Disease, by Dr. Edward H. Ochsner.** Summary:

Case I—Patient giving a history of long-standing nasal catarrh; repeated operations on nose and antrum of no avail; severe attack three months ago, followed by a generalized arthritis; present condition; operative treatment—technic; after history.

Case II—Antrum infection, caused by a diseased upper molar tooth, and followed by an acute frontal sinus infection; operation—unusual abnormality found—frontal sinus opening into antrum, instead of nose.

Case III—An acute frontal sinus infection, following influenza—treatment—after history.

**Strangulated Femoral Hernia Operated Under Spinal Anesthesia**, by Dr. Daniel A. Orth. Summary:

A strangulated femoral hernia in a woman of seventy-eight; operation under spinal anesthesia—advantages of this method; technic of operation; history of spinal anesthesia—various drugs used for this purpose—apparatus—employment of preliminary narcotics—method of injection—site of puncture; value of spinal anesthesia in emergency operations on patients suffering from influenza.

**Hypospadias**, by Dr. A. J. Ochsner. Summary:

Technic of operation for the cure of hypospadias.

**Talipes Cavus (Talipes Plantaris, Contracted or Hollow Foot)**. Summary:

A type of foot deformity not recognized in the early stages; historic sketch; four types of acquired hollow foot; report of three cases—operative technic; bibliography.

P. M.

**War Medicine**, Volume 11 (December, 1918), Number 5. Published monthly by the American Red Cross Society in France for the Medical Officers of the American Expeditionary Forces. Editorial offices, 2 Place de Rivoli, Paris, Rooms 422-425.

The contents consists of Research Society reports relative to Trench Foot, by J. Cotter; paper on "Trench Feet Prevention," by Col. R. S. Fuhr; "Trench Foot—Its Treatment," by Col. Bailey K. Ashford; discussions by Maj.-Gen. Sir David Bruce, Lt.-Col. Norris, Lt.-Col. J. Goldthwaite, Maj. Cannon, Col. Cummins. "Tetanus," by Maj.-Gen. Sir David Bruce; discussion, Maj. Carlson, Maj.-Gen. Sir David Bruce, Maj. Gibson, Col. Cummins. "Renovation of Sick and Wounded and Restoration to Forward Area," by Col. Dalrymple; "Recuperation of Sick and Wounded to Front From Psychological Viewpoint," by Medicine-Major Laignel-Lavastine; "Functions of a Convalescent Camp," by Maj. Neff;

"Effort Syndrome," by Lt.-Col. Alfred E. Cohn; "Restoration of Sick and Wounded to the Line," by Col. Billings; "Traumatic Shock and Hemorrhage; Suture of War Wounds," by Rene Lemaitre.

There are forty abstracts.

Volume 2, Number 4, of *War Medicine*, is an influenza number and takes up streptococcus infections of the respiratory tract, which includes infections of the lungs, by Wilson; susceptibility of convalescents from measles, by Levy; relation of the streptococcus hemolyticus to pneumonia, by Longcope; limitation and control of respiratory infections, by Capps, and other important topics, including forty-eight abstracts, editorial comments and other important matter.

M. H. G.

**United States Naval Medical Bulletin**. Special number, published for the information of the Medical Department of the service. Issued by the Bureau of Medicine and Surgery, Navy Department Division of Publications. Report on medical and surgical developments of the war, by William Seaman Bainbridge, lieutenant commander, Medical Corps, United States Naval Reserve Force. Washington Government Printing Office, January, 1919.

This report comprises observations on the western front and in England during December, 1917, and the first six months of 1918, made pursuant to the instructions of the surgeon general, United States Navy. For the purposes of comparison, there have been added certain data obtained while in Germany during the autumn of 1915.

In making the survey, the following objects were kept constantly in mind:

1. To record the surgical lessons of the present war, based on the experience of our allies.

2. To secure anything likely to be of value to the United States Naval Medical School, Washington, D. C., or helpful in the preparation of medical men and hospital corpsmen for active service.

M. H. G.

**Two Good Publications.**

Carry On, for March, edited by the office of the surgeon general, U. S. Army, contains a splendid likeness of Theodore Roosevelt and a contribution concerning him. Also there is a splendid likeness of Major General Merritt W. Ireland, who was born in Columbia City, Ind., and of whom we gave an extended biography in a former issue of this journal.

This publication is an index of reconstruction work.

Another pamphlet of value is by Dr. Paul E. Bowers on "A Survey of Twenty-five Hundred Prisoners in the Psychopathic Laboratory at the Indiana State Prison." It contains forty-five pages and resembles a textbook in abstract. Dr. Bowers is the author of several publications, one of which was reviewed at length in this department recently. He graduated from the Indiana University School of Medicine and now is in Sawtelle, Cal.

**2,250 NURSES NEEDED FOR PERMANENT ARMY**

The prospect of a sustained need of 2,250 nurses in the permanent army establishments is seen by Surgeon General Merritte W. Ireland, U. S. A. Reviewing the experience of the American army in the World war, Gen. Ireland, writing in the May number of the Red Cross Magazine, says:

"If the Army is reduced to half a million men and we make the usual allowance for a sick list of four and one-half per cent. the Army will require in its Nursing Corps 2,250 nurses in addition to the necessary enlisted men. At present large numbers of Army nurses procured through the Red Cross are being relieved from service with the military establishment. In New York and Newport News they find that the Red Cross has many opportunities for them, if they are properly equipped, to enter, or to re-enter, public health work. The numbers available even now, I am told, are hardly adequate for the demand already existing. And the demand is certain to increase as rapidly as our civilian population becomes educated to the need of the pub-

lic health nurse, as rapidly as it comes to appreciate how large a proportion of our young men failed to qualify physically in the draft, largely because of defects due to the lack of proper and adequate community health provisions, and in other directions."

**TUBERCULOSIS SOCIETY ELECTS NEW OFFICERS**

Dr. Alfred Henry was re-elected president of the Marion County Society for Prevention of Tuberculosis at the annual meeting April 11, at the Claypool hotel. Other officers elected were Mrs. M. F. Ault, vice-president; Miss Edna Henry, secretary, and Mrs. A. C. Rasmussen, treasurer.

The following directors were elected: Michael J. Foley, Mrs. James Floyd, Mrs. Bowman Elder, Mrs. Fred Hoke, Leo Kaminsky, Frank C. Jordan, Sol Schloss, Judge James A. Collins and Dr. E. M. Amos.

Township vice-presidents were elected as follows: Mrs. R. E. Records, Lawrence township; Mrs. W. H. Silver, Decatur; Dr. Charles J. McIntyre, Washington; Mrs. J. C. McCain, Wayne; Mrs. J. W. Moore, Center; Dr. Arthur L. Barnes, Perry; Mrs. William Gale, Warren; Dr. E. O. Asher, Pike; Dr. J. A. Swails, Franklin.

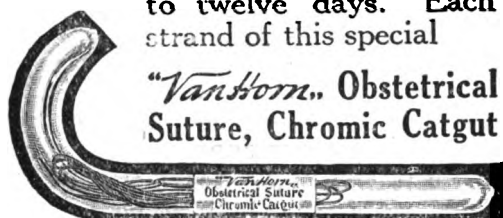
The name of the society was changed to Marion County Tuberculosis Association.

An important pointer in the treatment of asthma. If the asthmatic attack ends with and is relieved by abundant expectoration, use potassium iodide. If the asthma is of a dry character, then iodides are worthless; use atropine or belladonna.—From Critic and Guide.

"Hysteria and hypochondriasis, formerly almost the exclusive appanage of the rich, the indolent, and those of a wasted life, are known to attack in great proportions the working and the agricultural classes, among whom suicidal tendencies prevail." Written by B. A. Morel, a French physician, in 1857.—Critic and Guide.

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# INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

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No. 5

## ORIGINAL COMMUNICATIONS

### EYE INJURIES IN RELATION TO INDUSTRIAL ORGANIZATIONS AND INSURANCE

By Walter N. Sharp, M. D.

From observation and experience with numerous accident and other eye cases I have been induced to write the following, not as a scientific pathologic or therapeutic discussion, but that a better understanding may be had by those responsible for compensation.

There is no doubt that many persons injured hope to get all they can out of an industrial insurance company, and even more than they are rightfully entitled to. On the other hand, some insurance companies hope and try to be relieved from paying some injured employes a just compensation. They may be honest in their motive, but they don't understand the case. To settle such questions an Industrial Board has been established by the state to honestly try, judge and adjust such differences; and the Industrial Board of Indiana, according to my experience, has been most just in its action and judgment in all cases with which I have been connected.

The physician, whether he be employed by an industrial insurance company or not, should be perfectly neutral at all times and under all circumstances. He should be strictly honest and conscientious in his diagnosis, treatment and prognosis; in his report to the insurance company and in his testimony, if called for, before the Industrial Board. He should not be influenced by a friend, an enemy or a fee. His main effort should be directed to the physical welfare of the patient and the preservation of vision; and if vision cannot be saved, the retention of the natural eyeball should be his next consideration.

A week or two in a well appointed hospital, under watchful care, will oftentimes effect this, and eventually save a patient much time and suffering, and an insurance company much unnecessary expense. I mention this because I have recently seen a case from an adjoining city in which I believe the eye could have been saved had the patient been

placed in a hospital and properly treated. A piece of steel had been removed from the eye and the patient was allowed to walk to and from the doctor's office for treatment. The consequence was the development of panophthalmitis and the loss of the eyeball. That might be termed negligible.

The majority of injuries of the eye received are apparently mild and insignificant ones, but if they are not properly attended to they become serious. I refer principally to FOREIGN BODIES IN THE CORNEA. These bodies are composed principally of minute particles of emery, though small particles of iron or steel, rust, etc., may be lodged in the outer layer of the cornea. Of all bodies, emery is the most difficult to remove nicely, as it flakes and leaves a stain which must also be removed as this is oftentimes quite as irritating as the original body itself. These bodies usually lie in the epithelium or outer layer, though occasionally they are embedded much more deeply. They must be removed by gently pricking about them and lifting them out instead of scraping them out, for by the latter method, much more tissue is destroyed and there is much more liability to infection; besides this, destruction of the corneal tissue below the epithelium often results in a loss of transparency.

As a rule, foreign bodies in the cornea do not affect the visual acuity unless they are embedded over the pupillary area.

I have seen cases in which foreign bodies were unskillfully removed, large areas of epithelium scraped off and ulceration followed, resulting in complete loss of vision. Such a case came under my observation a few years ago. The man was sent from an adjoining city where he had been treated, to the city hospital. The whole center of the cornea was in a state of purulent ulceration as a result of unskillful treatment following the presence of a small foreign body.

Pieces of magnetic metal embedded in the cornea can often be removed by an

electro-magnet without any injury to the cornea except that originally produced by the foreign body.

Large pieces of metal graze the cornea in some cases and produce more trouble than a body embedded in the outer layers.

WOUNDS OF THE CILIARY REGION are often followed with serious results. Even when a case appears favorable as to visual results, inflammatory reaction of the internal structures follow, sometimes weeks after the accident, and light perception only remains.

These wounds vary from mild to severe contusions, incisions and lacerations. One has to use a great deal of judgment as to just what course of treatment to pursue. He must take into account the work the patient was employed at, the kind of material that struck the eye and whether it was clean or dirty. One must also know from what direction the piece came, for by this knowledge one may determine whether a piece of metal is in the eyeball or not; however, an X-ray examination is the safer method for diagnosis unless one is absolutely sure the foreign body is not in the eyeball. This rule should be applied in all cases of penetrating wounds of the eyeball.

When the ciliary body is laid bare and even protruding from the wound, the iris prolapsed and vitreous escaping, the most logical thing to do would be to enucleate the eyeball. We do not follow the most logical method in every case, but when there is a possibility of saving the eyeball, without endangering the vision of the fellow eye, we attempt to do so.

Several cases of severe wounds of the eyeball in the ciliary region have come under my care recently. In one case, after summing up all the details, I immediately enucleated the eye. The man returned to his work in two weeks. I saved the eyeballs in three other cases with one-third vision. In one case the iris protruded from the wound which I snipped off and applied one stitch. The other was not so extensive and was treat-



ed with a compress bandage. Both healed readily, but a small cystoid cicatrix formed in each case, which readily closed in after the application of the actual cautery. A fourth case was a more extensive wound caused by a piece of steel eight inches long flying with great force across the eyeball. The sclera was cut through vertically, 5mm. long, the ciliary body laid bare and the iris and vitreous prolapsed. The eye was made aseptically clean, the iris snipped off, the conjunctiva undermined and the wound was brought together with stitches, these engaging the outer layers of the sclera. The eye was dressed daily and after ten days the stitches were removed. He could see the outlines of objects at a distance and could count fingers at six feet. Although the lens was clear, it was dislocated inward, due, no doubt, to the rupture of Zinn's ligament over the site of the injury. This was not a clean cut, but rather a combined laceration and severe contusion; just such a case that we would naturally expect a retinal separation to occur, though none was noticeable. Such a result is almost always fatal to vision. Rupture of the iris, retina and chorioid with inflammation of these structures often follow such severe accidents and are factors in reducing vision to a great degree.

The ciliary (commonly called the "danger zone") is an extremely vascular region and consequently a most dangerous one when penetrated by a dirty piece of metal or other substance, because the infection is readily absorbed and carried through the small vessels to other portions of the eye and even to the fellow eye, which in due time becomes sympathetically irritated and inflamed, and the vision of the good eye is sometimes lost. Although I have not yet had a case of "sympathetic ophthalmia" one does not know when he may have a case to deal with. I have seen cases (not my own) of total blindness follow penetrating wounds of the ciliary region. The earlier such severe wounds can come under the care of a competent phy-

sician, the less danger there is of serious complications. Any accident to the eye should be seen by the physician as soon after the accident as possible.

**PENETRATING WOUNDS OF THE SCLERO-CORNEAL MARGIN** (not including the ciliary) are often followed with serious results, especially when the wound extends through the cornea and the iris is prolapsed. As the cornea is not a vascular body and as the tissue is difficult to stitch, the healing process is naturally slow. We snip off the prolapsed iris which produces a deformed pupil, elongated toward the wound. If the lens has escaped injury the vision may be fairly good, though astigmatism may follow as a result of the contraction of the tissue in the process of healing. In some cases the eye may to all appearances be doing well, but a low grade of inflammation of the internal structures creeps on, the vision decreases, the eye becomes soft and vision is eventually lost. Such an eye is often dangerous to the better eye and should be enucleated.

**STEEL WITHIN THE EYEBALL** is always serious. I recently reported five cases and since then have seen several others. An X-ray examination should always be made in such cases, not only to determine the presence of a piece of steel, but to find its location. In some cases the wound may be overlooked, especially if the piece of steel striking the eye is very small and sharp. I saw such a case where the entrance through the cornea was not noticeable and only a small dark spot in the iris together with the history of the case led me to have an X-ray made which showed the steel imbedded in the chorioid near the optic nerve head. The results as to vision in these cases depends upon the amount of damage done, the point of entrance of the foreign body, the degree of infection and the skill in treatment of each case.

**CONTUSIONS OF THE EYEBALL** without visible rupture usually result seriously. Dislocation of the lens, rupture of the iris, rupture of the inner

coats, separation of the retina and paralysis of the muscles often follow such accidents. In one case I saw, the eyeball was ruptured posteriorly in a crescentic fashion near the optic nerve. The blow is so great in many cases, fracture of the bony orbital wall takes place followed by hemorrhage in the orbital tissues and atrophy of the optic nerve.

**BURNS OF THE EYEBALL** are another class of cases which are not only serious to vision, but often cause deformity of the lids. The lining of the lids and the covering of the eyeball—the conjunctiva—are one and the same tissue. It is a mucous membrane, and when the surfaces are denuded they are apt to become adherent and the lid will consequently be tied down to the eyeball. It is only by skillful treatment that such adhesions can be prevented. Such burns are caused by strong acids, alkalies, such as lime, "soda ash," ammonia, etc. One of the worst burns I have seen was caused by carbide splashing into the eye. The "first aid" should always apply clean sweet oil, or better, castor oil, to such cases and send them immediately to the physician.

**FRAUDULENT CASES.** Many cases have been brought to me from industrial plants suffering with severe inflammation of the eye which the patient claimed was caused by having gotten something in the eye while at labor. Several such patients had a purulent type of conjunctivitis. It is always my practice to examine the secretion microscopically in such cases. There is no doubt that dirt in an eye will cause infection and subsequent inflammation; but I have seen cases of gonorrheal ophthalmia and trachoma which existed before dirt was gotten into the eye and which could not have possibly been caused by a foreign body. Yet these patients tried to convince me that the foreign substance was the cause of the disease and they insisted upon being treated at the expense of the corporation, until I proved to them from clinical fact that the disease had existed for some time and that their employers were not legally responsible.

Other cases, following injury of a slight nature, claim, as a result to have greatly reduced vision, until, by certain tests we find the vision to be normal, or nearly so.

Still another class may be injured in an eye which was previously amblyopic (partly blind) of which they were not aware until testing their own vision following an injury. I saw one patient 24 years of age who was centrally blind from birth, but was not aware of the fact until he came to me for refraction.

**WHY DO WE HAVE SO MANY EYE INJURIES?** When we sum up the thousands of minor injuries that only physicians and liability companies know of, and the hundreds of more serious accidents brought to trial before the Industrial Board we need use but one word in answering this question—**CARELESSNESS.**

With some people, the preaching and teaching of conservation of vision "goes in one ear and out of the other." They seem to pay little heed to the preservation of the function of vision, which is one's greatest asset. It always seemed strange to me that an employer was responsible for the carelessness of an employee, especially when every means of precaution to avoid accident had been taken. In fact, he is not responsible.

I had a patient who was a stone cutter, who wore glasses to correct his vision. It was necessary for him to have the lenses renewed every two or three months because the glasses were so literally pitted with chips of stone striking the lenses it was difficult to see through them. One can imagine what the cornea would have been like had he not worn the lenses; yet I never was obliged to remove a foreign body from the cornea in his case.

Large, strong, protective glasses should be worn by all workmen engaged in grinding or sharpening tools on an emery wheel, working with chisel and hammer or any occupation in which the eyes are endangered by flying pieces and a very large percentage of these accidents would be prevented. It is true that

many times the lenses might be broken, but the eyes are much better protected and less injury is done than would have occurred had the lenses not been worn.

In some industrial plants such protective glasses are furnished workmen, but the latter are too heedless to wear them at the proper time, even if they are within reach. "No compensation shall be allowed for an injury . . . due to the employee's wilful . . . failure or refusal to use a safety appliance . . . " Part of Sec. 8, "The Indiana Workmen's Compensation Act."

Some workmen have told me that they were supposed to be furnished with protective glasses, but they had not been provided with them. Board and plate glass and power blowers are used in some factories to divert flying particles of metal and dust from the special sensory organs.

In Bulletin Number Two of the "Workmen's Compensation Act" of Indiana, is given for the first year, 3,870 eye accidents, and 32 of which the eyesight was destroyed at the time of accident.

According to reports in the "American Journal of Ophthalmology" there were in the United States for twelve months previous to June, 1917, 59,436 accidents to the eye which were about

8.3 per cent. of all industrial accidents. That journal says that approximately 15,000 persons in the U. S are blind to-day as a result of injury in industrial occupations, and that the maintenance of these blinded artisans during the remainder of their lives will cost nearly ten million dollars, which expense will fall in large part on relatives, the community or the state.

My own recent records of 509 cases of injury to the eye show the following:

|   |     |
|---|-----|
| Glass from broken lens worn for protection .....  | 1   |
| Glass in the eye from other sources   | 4   |
| Corrosive substances: lime, sal soda, acids, kerosene oil, cyanide of potash, carbide, live steam, hot solder, hot glue ..... | 52  |
| Steel and iron in cornea .....  | 103 |
| Emery in the cornea .....   | 118 |
| Other substances: stone, brick, concrete, brass, lead and others, the composition of which was not known .....                | 201 |
| Penetration of the eyeball by wire, 3; nails, 8; steel, 14; glass, 1; copper, 2; stone, 2 .....                               | 30  |

509

About 80 per cent of these accidents were received in industrial occupations.  
711 Hume-Mansur Building.

### ETHER ANESTHESIA.

By Chas. L. Cabalzer, M. D., Indianapolis, Anesthetist at Robert W. Long and Methodist Hospitals.

Ether anesthesia to my mind is the safest used. It is safe in the hands of the novice because of its larger margin of safety. Even in the hands of the laity it is safe when emergencies demand, especially if the surgeon is watchful. But the surgeon does not work with the same freedom, nor can he do his best operating when his mind is not concentrated upon the task before him. The novice may hit upon the proper method of holding the jaw and keeping the tongue up and by concentrating the ether vapor get the respiration very

much depressed before the operator notices it. The stertorous respiration of deep anesthesia ordinarily keeps him informed as to the depth of anesthesia of his patient.

In anesthesia ignorance is bliss. One may give quite a number of anesthetics before anything happens to take the conceit out of the individual, but when this something does happen, Mr. Anesthetist becomes docile as a lamb and from then on his value as an anesthetist is increased many fold. He finds that each patient is a little different and that the

quantity of anesthetic and method of administration must be varied in each case.

To assure a patient beforehand that nothing is going to happen as some surgeons do is carrying psycho-therapy too far. To have the patient in the most peaceful frame of mind before operation is of great importance because neuro-pathic circulatory conditions arise which produce a condition simulating shock before anything is done. For this reason morphine has its value if no other, as a pre-anesthetic drug for the average individual. It allays the fear of operation to some extent, and puts most patients in the "I don't care" attitude which is the best for all concerned.

Pre-anesthetic examination of the heart discloses changes previously not noticed. In some the rate is increased markedly, in others it is slowed below normal; most frequently the rate becomes about normal when the patient is fully anesthetized, but occasionally these persist. Is this change from normal due to increased or decreased internal secretion, or is it simply a mind phenomenon? I do not know. Whatever the rapid pulse is due to, whether internal secretions, myocarditis or nervous phenomenon it sometimes becomes a factor during anesthesia over which the anesthetist has no control. Light or deep anesthesia simply increases the danger and the operator must hurry through or the heart may exhaust itself.

Again apparently normal hearts will show leaky valves immediately before operation. This is probably due to an acute dilation of the heart brought about by fear or its resultant phenomena. This also usually subsides under anesthesia but if persistent is a dangerous condition.

The anesthetist is no longer surprised at the frequency of heart lesions. Patients with compensated hypertrophied hearts with leaking valves are usually safe risks, in fact I consider these hearts safer than those of neurotic individuals with apparently normal hearts. The

former are comparable to the draught horses with the ability to do heavy work and the latter to the buggy horse who works well at various gaits, but sometimes is unable to stand unusual exertion or exercise. Cases of myocarditis do not stand anesthetics longer than one half to one hour well, after this they begin to go to pieces. When the aged heart does go to pieces there is very little come back to it.

The cachetic and septic individuals do not stand long anesthesia well and usually require less anesthetic. The obese patients vary a great deal, some require large amounts, some very little anesthetic. They are usually the hardest anesthetics to give because of the great difficulty in keeping the air way open.

Ether in large amounts probably irritates the kidneys, but I do not believe it causes all the post operative albuminuria and nephritis of which it is accused. The toxins developed in the inflammatory processes of healing play a large role in post-operative nephritis in my mind. I have seen several cases go into a post-anesthetic diabetic and uremic coma from which they died. I believe that in severe cases of diabetes and nephritis nitrous oxide gas and oxygen should be the anesthetic of choice.

In tuberculosis, I believe that nitrous oxide gas and oxygen should be the anesthetic of choice. It is absurd in my mind to think that an irritant like ether, plus the mixed infections of the mouth and bronchial secretion should play any important part in the healing processes of tuberculosis. In surgery tuberculous lesions are left alone as far as possible because of the fear of causing a mixed infection. I have never seen a case of chronic tuberculosis of the lungs cured or improved by ether anesthesia. My experience has been that they are made worse.

Patients with pneumonia given an anesthetic are usually made worse, the pneumonia processes are spread, while the acute and chronic bronchitides are benefited probably by the irritating ef-

fect of the ether, unlike tuberculosis, where the infection is not self limiting.

Post-anesthetic pneumonias are not caused by ether per se, unless it should be a tuberculous type undiagnosed, but are caused by the aspiration of infected mucus and the buccal secretions

which are loaded with numerous bacteria. This can be prevented to large extent by aspiration or permitting the patient to come out of the anesthetic far enough to cough up the secretions in the trachea and bronchial tubes.

#### AN HEREDITARY TUMOR IN THE FRUIT FLY (*DROSOPHILA*)\*

By Mary B. Stark, Bloomington, Ind., Zoological Laboratory, Indiana University.

A study of a sex-linked tumor occurring in the larvae of one half of the males of the fruit fly, *Drosophila*, and causing the death of same has revealed the following facts: The tumor may develop embryonic rudiments destined to develop the adult organs during the pupa stage. Its development is always initiated by an excessive production of melanin which in turn increases cell proliferation. As the tumor matures the older cells full of pigment are pushed towards the periphery forming laminated layers of pigment giving to the tumor the appearance of being encapsulated. The cells near the center have large vesicular nuclei with prominent nuclei and are polyhedral, spheroidal or fusiform in shape. The embryonic rudiments are always epithelial in origin.

The tumor may also develop in the proventriculus ganglion which gives off ganglionated nerves to the proventriculus chyle stomach, also on each side to the salivary glands, terminating in ganglionated plexuses in the wall of the gland. Granules of brown pigment are normally present in these ganglion cells. When a tumor develops in this ganglion there is first an excessive production of pigment followed by an increase in the number of cells as compared with the number of cells present in the ganglion of normal larvae. In a later stage in development the cells have become compact with pigment. Very often, when the proventriculus

ganglion becomes affected, the cells of the salivary glands become loaded with pigment—a tumor developing in some larvae only at tips of the glands—and in others the entire gland becomes permeated with the abnormal growth. Figures of the various stages of the development of the tumor are shown in reports published in the *Jour. of Exp. Zoo.*, Feb., 1919, *Jour. of Cancer Res.*, July, 1918.

The tumor wherever developed is characterized by the presence of pigment, which increases excessively in amount with the proliferation of the tumor cells.

In larvae with primary tumors may be present a number of smaller tumors the smallest of which are often found lodged within the dorsal aorta. It may be that cells from the primary tumor have been carried by the blood into the dorsal aorta where they develop into secondary tumors or metastases. The so-called secondary tumors are made up of cells similar in character to those of the primary tumor. When the primary tumor is large and irregular in shape, portions of it can easily be broken off by pressing and manipulating the tumor in the body cavity and can be pushed through the body cavity, away from the large tumor.

Metastases, thus artificially produced, have, after an interval of a day or two, shown increase in size. It is not improbable that the metastases are normally formed by pressure against the tumor as the larva bores through the food and thus breaks away small portions of the tumor which are carried by

\*A report of this original work was presented before the Scientific Seminar, Indiana University School of Medicine, at Indianapolis, April 25, 1919.

the blood to other regions of the body for lodgment and further development.

That the tumor is sex linked and hereditary according to Mendel's law was determined by isolating eggs laid by females of tumor producing stock. The larvae with tumors from these eggs were removed from the culture bottle that it might be determined whether any with tumors pupated and emerged as flies. It was found, however, that all the larvae with tumors died before pupation and that the number always corresponded exactly with one-fourth of the total output from a pair of flies. Hundreds of larvae with tumors have been fixed, sectioned and stained and examined microscopically, and in every case it has been noted that the larva is a male. The tumor is sex-linked in inheritance because the factor for tumor is contained in, and transmitted by, the sex chromosome. It follows, in fact, the regular order of transmission shown by all sex-linked characters.

#### Removal of Tumors by Operation.

Larvae with tumors were washed in sterile water by transferring the larvae from one watch glass with sterile water to another, making the transfer five or six times; then placed upon moist sterile absorbing paper in a watch-glass to be etherized. A minute cut was made through the body wall above the tumor with a pair of iridectomy scissors. Slight pressure was then applied to the body wall to force the tumor out of the incision. Larvae with only one tumor were operated upon. The number of tumors removed successfully was about 1,600. About 5 per cent of the larvae from which tumors were removed lived twenty-four hours after the operation. The wound would often be closed within twelve hours. Not any of these larvae pupated. As a control, fourteen hundred normal larvae were operated upon, a minute cut being made through the body wall. Of these, about 5 per cent recovered from the operation; these afterward pupated and emerged as normal flies. Since only a small percentage of

these controls survived the operation, it is possible that the death of the majority of the larvae from which the tumors were removed might likewise have been due to the shock of the operation, but on the other hand the small percentage (the same as that of the control, however) that survived the operation and lived for fifteen hours and more may have died from the injurious effects that had already been produced by the tumor.

Tumors were also removed, about 1,400 in number, and inserted into as many normal larvae. As a control sterile charcoal was inserted into normal larvae. A cut was made through the body wall of the normal larvae, and the tumor (or charcoal) was then pushed into the body cavity with a small arrow shaped blade. Nearly 5 per cent of the larvae into which fragments of charcoal were inserted survived the operation, pupated, and emerged as normal flies; on many of these, particles of charcoal were present in the abdominal cavity of the fly, while in other cases they were left behind in the pupa case. The death of most of the larvae, 95 per cent, into which tumors were inserted, was in all probability due to the shock of the operation, as shown in the controls, while the death before pupation of the remaining 5 per cent must have been due to the inserted material.

Tumors were ground in Locke's solution, exercising all necessary aseptic precaution, and a small portion of the mixture was forced into the body cavity of normal larvae with a capillary pipette. Out of 100 larvae thus operated upon, 40 survived the operation: i. e., the wound was healed and the larvae were active and feeding two hours after the operation. Although no visible tumor developed, none of these pupated, death occurring within twelve hours. As a control to this experiment, an equal number of larvae were pierced with capillary pipettes, into half of these was forced a small amount of Locke's solution. Fifty per cent of those pierced with pipettes; without any injection,

survived the operation, pupated, and emerged as normal flies. Of those into which was forced the Locke's solution, nearly 40 per cent survived, pupated, and became flies. It is evident that the tumor cell suspension produces a toxic effect upon the larvæ.

Tumor cell suspension was injected into 182 adult flies. Of the flies that recovered from the effects of the ether, 36.69 per cent died from the operation and 63.30 per cent died from the effects of the tumor suspension. One fly developed a tumor visible to the naked eye. Several of the flies that died were fixed and prepared for microscopic examination. In two of these were found abnormal growths.

It is possible that the death of all the larvæ into which the suspension was injected may be partly due to the toxic effects of the tumor cells injected and partly due to the effects of tumors developed from the suspension. The larvæ did not live sufficiently long to allow the growth of tumors large enough to be seen with the naked eye, but some development must have taken place. The adult tissues of the fly are more resistant than those of larvæ and are not so much affected by the toxic products of the tumor cell suspension. The flies continued to live sufficiently long

to allow the development of a tumor from the injected tumor cells. Death occurred sooner or later, however, and it is evidently due to the development of a tumor from the injected cell suspension.

Young tumors were removed from larvæ and placed in hanging drops of sterile Locke's solution to which had been added 0.5 per cent dextrose sealing the cover slip with sterile vaseline. In this condition the tumors were kept alive for several days, during which time a perceptible increase in size was noticed, also a change from a light tumor to a dark mature tumor by the increase in the amount of pigment.

If the tumor problem is one of local disordered metabolism, the study of same must include a study of cell oxidations and oxidizing enzymes. For this work the fly with the hereditary tumor is especially suited since it can so easily be bred in the laboratory, furnishing abundant material for the work. The living larvæ with tumors and the living tumors which can so easily be grown in vitro could easily be subjected to treatment and possibly a catalase found that would replace the lacking cell enzyme which allows the disordered metabolism to go unchecked resulting in an abnormal growth.

#### BANTI'S DISEASE AND AUTOPSY. CASE REPORT.

By Norman R. Byers, M. D., Interne, Indianapolis City Hospital.

H. R., female, white, age 64, admitted to Indianapolis City Hospital, February 7, 1919, complaining of pain in left chest and left quadrant of abdomen, exhaustion and weakness.

Family History: Irrelevant except that one brother died of pulmonary tuberculosis. Past Personal History: Patient was born in Indianapolis and has always resided in Indiana. Had usual diseases of childhood with apparent good recovery. Has been in excellent health until four years ago. During this time she says she has felt "below par," easily fatigued and has gradually been

losing flesh, as shown by her weight. Two years ago she vomited one-half gallon of dark clotted blood. Menstrual and married history irrelevant. During past two years she has been accustomed to get up several times during the night to void urine. Has no complaint concerning digestive, respiratory or nervous systems. Easily fatigued and endurance limited. Was always regular in eating and sleeping and was not addicted to the use of any drug nor intoxicant. Has not undergone any surgical operation nor suffered from any injuries.

**Present illness:** Three weeks ago feeling up to her standard of health, she prepared supper and ate a hearty meal and without warning she suddenly felt faint and a hematemesis of considerable amount took place. The same sequence occurred three days later except the attack came on before supper and without exertion. The following week she had the third attack before supper. There has been some pain in the chest and abdomen for two or three years, but she considered herself in good health from the fact that it did not give her much disturbance nor prevent her attending to household duties. The pain now is dull, heavy and aching in character, with frequent acute exacerbations, not influenced by breathing nor change in posture.

**Physical Examination:** She is an elderly and fairly well nourished woman, about five feet, four inches in height, expression of no discomfort, good mentality; skin and mucosae were pale. The tongue is dry, slight gray coat. No tremors. Teeth artificial. Lungs present no abnormal findings. Heart slightly enlarged in long axis, soft systolic murmur but well transmitted to axilla and best heard at apex. Pupils equal and react normally to light and distance. Patellar and achilles reflexes are normal. Flabby relaxed abdominal musculature. Well defined, tender, firm mass, palpable, extending anterior and medially to left mammary line and as far posteriorly as the twelfth rib. Extremities present no pathology.

Temperature 101 degrees to 98 degrees, falling to 96 degrees the day of death. Pulse 80-120. Respiration, 36-18. Sys-

tolic blood pressure, 100; diastolic, 20; urine slightly turbid; specific gravity, 1010; sugar and albumin negative. No casts nor pus. Unfortunately no blood examination was made.

**Treatment:** Rest in bed, soft diet, free ingestion of fluids, regulation of bowels, iron and arsenic; opium to control pain. Calcium lactate and bismuth subgallate in 10-5 grain doses were given each two hours; single dose of twenty minims of tincture of digitalis. For a portion of the time hemorrhage coming from the mouth was constant and profuse.

Fluoroscopic examination of stomach showed it to be normal in position, function and contour.

No filling defect of duodenum. Barium moved normally through colon.

Dr. S. E. Earp was on medical service at the hospital and was asked to see the patient. He gave as his opinion that an esophageal or peptic ulcer should be considered and that he believed it to be Banti's disease. With the writer he made a careful examination and jointly we arrived at the above mentioned conclusion.

The patient died February 28, an autopsy was held by Dr. V. Moon, which showed an esophageal ulcer at the level of the cricoid cartilage. Hemorrhage from ulcer of stomach. Impacted biliary concretion in branch of hepatic duct. Purulent cholangitis, chronic cholecystitis. Splenomegaly (Banti's disease). Marked general anemia, degenerative myocardium, peritoneal lymph node and senile atrophy of pelvic organs with cystic right ovary.

#### A DESCRIPTION OF PERU AND THE HABITS, MORALS AND FINAL RESTING PLACE OF THE PEOPLE.

By G. C. Graves, M. D., Goyllarisquisga, Peru, S. A.

My first post was at the roof of the world, or the highest inhabited city of the world, La Fundicion. Here I labored to instil into the natives the benefits of leading a clean and sanitary life. With

outside help I did some little good, which I have given over to others to finish. Then came the change to this place, which is a day's journey over the mountains and several hundred feet lower in



altitude. Here the atmosphere is free from the heavy fumes of the sulphur smoke of the large smelters. At the former height the smoke has a tendency to fall rather than rise.

When I came to this place a little more work was added to my usual duties of inspection, upon invitation, which has given me the chief directorship of two hospitals, one of which is about twenty kilometers over the range. The city is called "Quishuacancha," and is pronounced "Kish-wa-kan-sha." Both hospitals are excellently equipped surgically. For as we have situated here some of the largest copper and silver mines in the world.

The scenery around this place surpasses any that I have yet seen, and my work has taken me over a large part of the Andean summits. When you are up among the snow capped peaks, where you can step out into a cloud with ease, it is difficult to acquire clear views of the surrounding Cordillera in any appreciable manner, but at a lower altitude you can look up and away off in the distance and feast your eyes on wonderful sights of nature's formations. If a person is of the imaginative trend of mind, all kinds of pictures will present themselves.

We have in western America the "Garden of Gods," but that is very minute in comparison to the Andean "Rock Forest." This natural wonder stretches for twenty miles in length and three to four miles in breadth. This is an area of gigantic rock formation, many of which rise over a hundred feet high, and larger than the average house. Some of the rocks stand well grounded, while others are balanced on a very small point and they seemingly would topple over at the slightest breeze, but have stood for ages. Cathedral spires, human forms and faces appear carved in stone; avenues of lofty pillars cut by time can be seen.

In these high regions of the Andean mountains, on the slopes of the precipitous and inaccessible valleys, we encoun-

ter a series of ancient stone structures of interest and importance, in some cases unique among the wonders of the world. These are old walls and fortifications left by the early Incas. Many are in an excellent state of preservation. Cities are remaining in which the Incas lived and fought their battles for supremacy. Today, however, the people, as well as their constructive ability seem to have markedly degenerated, and fallen into the common habit of the "manana" (tomorrow), thus leaving the wonderful landmarks of their fathers to crumble and decay under their very eyes. To account for this degeneration is beyond me. It seems that after the great Pizarro invaded the country and took every thing, all interest and initiative ability from thence on waned, and has never risen to this day. Today progress is at the same status in nearly every regard as it was almost a hundred years ago.

To the average mind Peru, or rather the whole of South America, is a vast tropical region where we find naught but perpetual sunshine and luxuriant vegetation, but the whole of Peru is not thus; crossing that part of Peru called the dry zone, we ascend the Andes and encounter climatic conditions exactly the reverse. Heavy rain and snowfalls, bracing and rarified air, perpetual snow upon the summits are the characteristics of these lofty regions. In order to reach my present city it is necessary to cross and climb mountain after mountain, higher and higher each ascent, whose passes are rarely less than fourteen thousand feet and the summits reaching twenty thousand feet elevation and far above the snow line. All of which is absolutely treeless and void of vegetation. Here and there swift mountain streams and great cataracts falling often many thousand feet into a lake or river below whose waters are like crystal.

As you journey over these Andean systems, whether by the Central railroad or following the Llama trails, you meet the Cholo Indian going from town to village on foot. Up and down these

rough and steep ranges he climbs, never tiring, as he is well supplied with coca leaves, which is his substitute for chewing tobacco and which affords him artificial strength. Frequently he is driving a pack or herd of Llamas upon whose backs are sacks of ore from a mine destined for some smelter over the mountains.

The driver in his knee britches of enormous size resembling the ladies' riding skirt, only the former is not so tattered as the latter. Homespun stockings of the coarsest type cover his legs and shod with the skin of sheep untanned, gathered by buckskin laces which he anchors at the ankle. The upper part of the body is covered by a poncho, or square piece of heavy cloth, all home made, with a hole in the center through which he thrusts his head. This reaches to his knees and serves both to protect him from the elements by day and as a covering for the body at night, when he lies down upon mother earth in repose. The head covering, or hat, is made from wool which has been beaten into the form of a slouch. All have the same style, the women as well as the men. The children, as a rule, are minus this luxury.

The direction of the llama train is taken by the head llama, and should there be need for change in direction, then the driver gives his orders by a series of whistles, common to all llama keepers, and which are a series of minor notes of a wierd and unharmonious sound. Besides, the driver carries a long plaited lash which he occasionally uses should there be any stragglers.

The poor Cholo Indian is deprived of the usual commodities of life and his existence is in keeping with the vast lifeless region in which he lives. The eye never beholds beautiful homes or houses of the rich haciendo or plantation owners of the lower plains or pampas, but instead, low adobe huts thatched with straw, of one room, in which the whole family eat, sleep, and brood out their comely existence. Chickens, sheep,

dogs and children share both plenty and want. No chairs, tables or beds meet the eye upon entering one of these abodes. All of the culinary duties are performed upon the ground, and when the night calls the family to rest, the ground receives them likewise.

Their frugal fare needs no elaborate stove to cook the meal. A few stones arranged to support the common kettle is all that is necessary. Into this is placed a piece of mutton and whatever vegetables they can afford. Besides this simple stew, a coarse corn cake baked upon the hot stones serves as the staff of life. If wheat is to be had it is most generally cooked and eaten as a cereal with goat's milk or raw without seasoning or condiments. Many families are so poor that the plain corn eaten raw serves as their only sustenance.

For centuries the natives have shunned work and education, consequently it is no wonder that these poor people have made no progress. Now they are averse to anything that savors of the better and higher life. And the question often presents itself, will they ever change? The answer is, no.

The women, like the American Indian squaw, gathers in the fuel, food and carries the young in a sack arrangement on her back. Needless to say that morality is conspicuous by its absence. Often the mother has several children and each by a different man. Each child taking the name of the respective father. No obstetrical service is needed. They will squat, deliver and do a day's work in the afternoon. Water is shunned as an evil spirit and to bath would be a heinous crime. They never change clothes until it drops from the body in decay. The women add a skirt a year, and often you can count as many as ten or twelve, all of brilliant colors. Red and purple seem to predominate. The women never wear stockings, and most go without any shoes. No matter where you see the Cholo mald she will have a bunch of wool in one hand and a spinning stick in

the other, preparing the thread to knit her future husband's socks.

I can safely say that the common motto of all is "lie, cheat and steal." This they practise without the least impunity. In fine the best solution to their mode of life can be summed up in a few words. What is the use.

A few words relative to the native's last end, the remains of the early way of consigning their friends to the great beyond. Among the Incas it was a religious practise to have the dead assume a sitting posture as in life. Thus they caused the body to form the knee-chest position and then deposited the remains in some cave. At their side was also placed choice edibles to tide the soul to the land of perpetual joy and much coca. In the caves of the upper Andes we find well preserved mummies with earthen pottery beside them. I have tended several funeral ceremonies since here and I note the remains of the past. They dress the dead in a very elaborate way, and having erected a platform, they place the body in an upright position, then they place in the hand anything which comes into their mind first. If it is a child, they make a crown and add a veil, so as to make it assume the attitude of a queen or king. During the time that the body is in state, they dance the native dances and freely imbibe of the native drink called "Pisco, or Chlicko." This for them is a holiday. No costly casket is needed. They use a rough box. Over the grave is erected an oven like arrangement into which they place everything which was near and dear to the deceased. In passing over the ranges you can see many such cemeteries, and if there happens to be a community of a few people, then you can look for the highest elevation and upon that will be found a cross, which they say is the prevention for the devil coming near. The native lives in superstition and is an adherent of the Catholic faith. No matter how large or small the town may be you will find a church of their faith and naturally it surpasses the rest in grandeur.

### ALL THAT GLITTERS.

According to her own account of it in the March Woman's Home Companion, "The Woman Who Married Success" found that it was a two-edged tool.

"I would not be speaking truly if I said that I regretted the past. I was born for Success. I would doubtless have been miserable without it. I am glad for all the money we have. I am glad for all the advantages it will bring to our sons, for the good we can do to other people. If I were to live my life over again I know that I should marry John. I love his strength, and his courage, and his ambition. He is, in every thought and purpose, my better half.

"But we are going to mean something in the life of this community from this time on, aside from its business and society. And we are going to give to it two strong men who will mean even more to it than we. I wouldn't change our life if we had it to live over again. But from now on it is going to be a more sincere, more useful life. That day in the courtroom was an eye-opener and a heartopener for John and me. I am just as proud as ever of his success, but I am thankful that we got control over our Success before Success got us.

"Got us, for instance, as it got the Milton Holdens."

A stranger, happening to notice a farmer's boy on the other side of the fence, addressed him thus:

"Young man, your corn looks kind of yellow."

"Yes, that's the kind we planted," the boy replied.

"Don't look as if you would get more than half a crop, though."

"We don't expect to. The landlord gets the other half."

This reply rather exasperated the stranger, and he said, with some asperity:

"Boy, there isn't much difference between you and a fool."

"No; only the fence," was the crushing retort.—Med. Standard.

# INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

## EDITORIAL

**SAMUEL E. EARP, M. S., M. D., Editor-in-Chief.**

**ALEMBERT W. BRAYTON, M. S., M. D., Editor.**

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### U. S. PLANS FREE MEDICAL AID FOR MEN DISCHARGED FOR DIS- ABILITY DUE TO SERVICE.

It seems that the government is determined that all disabled soldiers shall have free medical attention.

Those who have read of the reconstruction work as outlined in Carry On, a journal published from the surgeon-general's office at Washington, know that the right measures have been adopted. Congress appropriated \$9,000,000 for the care of soldiers who were injured or sick on account of war service. This is under the direction of the Bureau of War Risk Insurance.

The Washington correspondent of the News has called attention to the intent of the government. About mid-April he said that free medical attention is the right of any man accepted for military duty during the war with Germany and later discharged for physical disability resulting from injury suffered or disease contracted in line of duty. Under provisions of the war work insurance act medical treatment will be provided by the Bureau of War Risk Insurance to all men who are 10 per cent disabled and can trace their disability to their military or naval service.

Compensation commensurate with disability is provided by act of Congress and paid by the Bureau of War Risk Insurance. To April 1 the Bureau of War

Risk Insurance has made more than 12,075 awards of compensation to men who have been disabled in the war. These awards carry with them payments each month which amount to more than \$712,289.12. The total amount of compensation awards approved by the Bureau of War Risk Insurance to date is more than \$5,000,000.

The Bureau of War Risk Insurance is conducting an active campaign to inform men who have been disabled in the military service of their rights to compensation and medical treatment. In spreading this information the United States public health service, the American Red Cross and other organizations are co-operating with the Bureau of War Risk Insurance.

Due to the fact that a large majority of the discharged men are not aware of their rights under the war risk act, the Bureau of War Risk Insurance has not yet been able to bring under its medical attention a large proportion of those whom it seeks to serve and who are entitled by law to service.

Medical authorities estimate that more than 25,000 men have been discharged from the service with tuberculous troubles. Less than 5,000 men have yet availed themselves of the privilege of free treatment. Many of these cases resulted from influenza, pneumonia and various causes incident to camp and

trench life, but the greater part of the cases are of such a nature that physicians believe the tuberculous trouble to have been incipient when the men were accepted but not sufficiently developed to appear in the first physical examination.

Large numbers of men have been discharged from the service with organic disorders and many with peculiar nervous disorders. These men are entitled to medical treatment, which will be furnished by the Bureau of War Risk Insurance upon their application, providing their troubles disable them to the extent of 10 per cent. Under the interpretation of the war risk insurance act any man accepted as physically fit for service was sound and any disability which may have become apparent is assumed to be due to causes sustained in the line of duty. Not only is the man affected entitled to treatment, but he is also entitled to compensation at a fixed rate each month, in proportion to his disability.

Any men disabled while in the service of the United States and since discharge from the service may make application for treatment to the United States public health officer of their district, through whom they will receive immediate attention if their cases demand it. If the case does not demand immediate attention the disabled person should communicate directly with the Bureau of War Risk Insurance, Washington, making claim for monthly compensation and for medical attention.

More than \$9,000,000 was appropriated in the last Congress for the treatment of disabled men under the direction of the Bureau of War Risk Insurance. There have already been established twenty-one hospitals to care for disabled men, and the most skilled medical treatment attainable is being provided.

#### SEASICKNESS.

Lake, river and ocean rides are made, with many people, repulsive on account

of seasickness, and, too, any regular motion transmitted to the body sometimes has the same effect, for instance, passenger trains, street cars and elevators in large buildings.

The treatment has not always been successful so far as drugs are concerned. I have found that it is very important to take into consideration as a factor the importance of psychology. This may appear trivial, but a trial will be convincing.

Rosewater, in the New York Medical Journal, discussed this subject about eight months ago and he said that nausea, vertigo, hiccough, belching of gas, gurgling in the bowels, flatulence, constipation and diarrhea form a large share of the daily varied and distressing symptoms calling for help from the gastroenterologist. If I have felt myself unusually successful in correcting these conditions in most of my cases I attribute it not a little to drugs and diet but mostly to the great helpfulness of my abdominal plaster (strapping) bandage. It lifts and anchors the relaxed muscularly weak and flabby abdominal walls and viscera, restoring the normal tone of these organs, with their delicate stretched nerves and blood vessels, subjected to unequal drags, pull, pressure, and strain. Through its application and support the peristaltic force of the intestines is augmented and better drainage of the gastrointestinal contents is secured. Thus with this simple bandage, vomiting of pregnancy, of whooping cough, and of many other causes, has been readily overcome.

In the treatment the captain of a vessel, especially on the lakes, considers himself a connoisseur and suggests the juice of a lemon, and if results are good it is surely psychologic. We have with some success tried cocaine, bromide of sodium and chloral hydrate, Anesthesine and Veronal.

Dr. Rosewater makes this summation:

1. To prevent seasickness or carsickness treatment should be begun preferably one or two days or at least a

few hours before sailing or traveling and should be continued during the trip so that nausea, dizziness, and vomiting may be prevented.

2. By increasing the normal, but often insufficient peristaltic force of stomach and bowels with drugs such as aloin, belladonna, and strychnine and thereby preventing antiperistaltic forces overpowering the normal peristalsis a simple and practical method is offered to prevent or correct seasickness and carsickness, which has thus far met with perfect success.

3. The prevention and cure of seasickness by obtunding drugs is not practical or advisable.

4. No time like the present may ever again be offered to try this method on a large scale, under army discipline and medical supervision.

The hot months will soon be here and it is well to consider the treatment of this character of sickness before the time comes for an ocean or lake voyage. S. E. EARP.

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#### **FRESIDENT WHITE, OF CORNELL UNIVERSITY, A GREAT AMERICAN.**

As a scholar, an historian, an educator and a diplomat, a well rounded life was that of Dr. Andrew D. White, ended at a ripe old age.

As an educator, as a student and writer of history, as a diplomat, as a publicist he held high rank, and was one of the nation's great men in the half century following the civil war.

Dr. White regarded his work in helping to found Cornell University as the best service of his life.

At the age of 70, when he voluntarily resigned as ambassador to Germany, and from diplomatic life permanently, he was offered a chair in Yale, but it was not a chair of history and he did not accept it.

The activity of his mind is shown in the chapter in his autobiography dealing with his writings, where he outlines a list of the books he planned to write.

One of them was a volume on Germany, "The Building of the German Empire." "Of all the histories I have known," he says, "those relating to Germany are the most difficult to read. Events in German history are complicated and interwoven to a greater degree than those of any other nation by struggles among races, among the leading branches of the Christian Church, among states and cities, among families and individuals, that they make narrative, history very confusing."

Dr. White was twice diplomatic representative of this country in Germany and it is interesting to note in his reminiscences that he was imbued with the old and then prevalent theory of the superiority of German educational aims and methods and his impressions of Emperor William were on the whole favorable. He admired his versatility, his tireless interest in the details of his own government and his familiarity with the affairs of other countries, though it does not appear that he considered him very profound or statesmanlike.

He says: "To one who closely studies the history of humanity evolution in religion is a certainty. Eddies there are, counter currents of passion, fanaticism, greed, hate, pride, folly, the unreason of mobs, the strife of parties, the dreams of mystics, the logic of dogmatists, and the lust for power of ecclesiastics—but the great main tide is unmistakable. History, I think, teaches that just as far as is possible the rule of our conduct should be to assist evolution rather than revolution. Religious revolutions are generally futile and always dangerous."

Dr. Andrew D. White was an American of Americans, a product of our institutions and our life. This nation was the better that he lived and it will honor his memory.

Dr. White created the university by his influence with Mr. Cornell, who made the great scientific school possible. One of the writers loved teachers of English history was Goldwin Smith, professor of history in Oxford University, and tutor in history to the Prince of

Wales. The writer could hear the prince shooting prairie chickens near his fathers farm in Kankakee county, Illinois, fifty miles south of Chicago, when he was on his trip from Canada through the "States" to Washington.

It was the writer's privilege to call with his wife, Miss Jesse May Denny Brayton, on Mr. Smith at his beautiful park and home in Toronto, and hear him review his golden days when professor of history at Oxford, and later at Cornell University. This was in May, 1906, the year of the greatest meeting of the A. M. A., at Boston, with 6,000 physicians present.

Emerson said: "If you want to make a man tall you must walk him under a high ceiling." Such was the ideal of the late President White, of Cornell. And so he had a course of lectures open to all students of the University. There was Goldwin Smith, who left his great library and seven hundred thousand dollars to Cornell. We also heard the greatest of American editors, Horace Greely lecture on "Go West, Young Man, Go West." His manuscript nicely fitted to the moulding board of a big plow, which the students had laid on the lecture table. "How kind of you and how appropriate; it is just the right support for my manuscript," said Mr. Greely.

The great poets of New England, the noted authorities of other eastern universities, graced the Cornell platform.

No one was turned down at Cornell University. It was the most democratic school in America and its fame and influence spread to all parts of the country. The Cornell medal was inscribed, "I would found a school where any person may receive instruction in any branch of knowledge."

President Jordan was never a pacifist in righteous war or in education.

While a senior he collected botany specimens and taught the freshmen plant identification. He paid his way through Cornell University by teaching. Everybody got along some way whether they had tuition money or not.

When the great Chicago fire burned up the writer's college funds, did I go back to teach science in the Chicago Normal School? No! I sold a book on the Chicago fire and made eighteen dollars a week through the winter vacation. And I reslated every blackboard in the university—as I knew how and all the boards were worn out. I received for my work six cents a square foot, one hundred dollars for the job. Our expenses at Cornell were moderate. A room was fifty cents a week; table board was in "cooking clubs" of twenty or thirty students at about fifteen cents a meal. The "discipline" was never heard at Cornell. It was "do your work and be a gentleman or quit."

We bathed in Cayuga lake; our excursions were in the glens of the lake where we collected plants and fossils in the adjacent gorges.

Happy were the days at "Old Cornell." Many of the students were in the great war—some resting there forever as with all American universities.

To those who know and love the chimes and towers of Cornell, we may present the "Spires of Oxford"—the classic poem of the war for the English and Americans.

I saw the spires of Oxford  
As I was passing by,  
The gray spires of Oxford  
Against a pearl gray sky.  
My heart was with the Oxford men  
Who went abroad to die.

The years go fast at Oxford,  
The golden years and gay,  
The hoary colleges look down  
On careless boys at play,  
But when the bugles sounded war,  
They put their games away.

They left the peaceful river,  
The cricket field, the quad,  
The shaven lawns of Oxford  
To seek a bloody sod—  
They gave their merry youth away  
For country and for God.

God rest you, happy gentlemen,  
 Who laid your good lives down,  
 Who took the khaki and the gun  
 Instead of cap and gown.  
 God bring you to a fairer place  
 Than even Oxford town.

A. W. BRAYTON.

#### INFLUENCE OF X-RAY ON DROSOPHILA MELANOGASTER (AMPELOPHILA).

There appears in this issue a report of Mary B. Stark concerning the result of research work relative to the Fruit Fly. Work upon organisms other than human sometimes forms a foundation that may eventually benefit human-kind. While not mentioned in this report it is of interest to note the influence of X-rays. This the author mentioned in an article in the Journal of Cancer Research, Vol III, No. 3.

The following experiments were performed in co-operation with Dr. J. L. Kantor. The current used was generated by an interruptless transformer. The larvae and pupae to be exposed were placed upon a glass plate 30 cm. from the anode. The rays were filtered through 1mm. aluminum. The amount of current used in each experiment was 6 milliamperes, the Coolidge tube "backing up" to a four-inch spark gap.

Larvae with tumors, when exposed every day for eight fifteen-second periods interrupted by five-second periods or rest, lived from six to fifteen hours longer than larvae of the same length not exposed to X-rays. Normal larvae showing a tendency to pupate than those not exposed. The results do not indicate any effect upon the development of the tumor as the ratio of twice as many females as males remains the same, the larvae with tumors dying as before. However, it was noticed that there was an emergence of the flies twenty-four to thirty-six hours earlier than in the control experiments.

Larvae operated on when exposed to the rays lived six to twelve hours longer. Similar results are obtained when normal larvae into which tumors have

been inserted are exposed to the rays.

The rays had no effect on the tumor but the author suggests that it may be that the rays, in the dose used, were not of a strength appropriate to affect the tumors. There was a decided influence upon the rate of healing of the wound. It is possible that the rays had a tendency to decrease infection, thus increasing the rate of healing and prolonging the life of the larvae. Perhaps our roentgenologists may find a suggestion that will aid in the treatment of diseases of the human family.

S. E. EARP.

#### SUCCESS OF THE WESTERN MEDICAL TIMES.

Under another name the Western Medical Times published at Denver, Colo., had a long and useful career. Those who had a connection with it, did well. Its usefulness was cramped because its field was too limited. Under the editorial management of Dr. George L. Servoss its scope has been wider; its cohorts are greater in number, and its supporters multiplied, and consequently the name was changed to the Western Medical Times. It now goes to readers occupying all points of the compass and its influence is far-reaching. Some of the reasons for this new era of things are that the editorials have a good groundwork. Sometimes an expression of opinion has more than an ordinary emphasis in the course of right. If there is an apparent fierceness as if there had been ample force behind the gun there was evidently a valid reason for it. The original articles represent progress. The abstracts are carefully prepared and there are some special departments.

It seems to be the aim to give the methods by which sick people can be cured and consequently therapy is in evidence. Such a course buries deep therapeutic nihilism and will increase a journal's subscription list for it is the demand of the medical profession.

We are glad that the editor, Dr. George L. Servoss, is an Indianapolis product. He graduated from the old In-



diana Medical College, now the Indiana University School of Medicine. True, the editor of *The Times* is competent and has the ability that makes a good editor, but in addition to these attributes it is the "pep" which he possesses that wins. I offer no apology for using the word "pep," because there is something in it and so convinced was the Indianapolis Star of this fact that on April 28, it said editorially:

#### All About Pep.

One of the many persons who comes to the newspapers for information wants to know what "pep" is. The answer is easy. Pep is "ginger," it is "go," it is the quality that makes a man a hustler, it is what makes a man make the wheels go round; it is the gift that causes a man to "arrive," to "get there."

Primarily, "pep" is derived from pepper, which is "hot stuff," and the man who has pep is animated by a spirit of that character. He can not be downed; he fixes his eye on the goal and desires all who stand in his way to get off the earth. He makes his way to the front no matter what the impediments are; he refuses to be snubbed or side-tracked; he hurries up the cakes, he is high-powered, he is a live wire.

Many more terms no doubt might be used to describe the man with pep, but the vernacular of the street is not familiar to the author of this definition, and he can only add that pep is a manifestation of the true American spirit and that whatever name this spirit goes by, it is one of the most desirable and admirable things in the world."

So with the "pep" that Editor Servoss is now utilizing we have reason to expect still greater things of the Western Medical Times. S. E. EARP.

#### CLINICAL INSTRUCTION AT THE CENTRAL INDIANA HOSPITAL FOR THE INSANE.

We have frequently called attention to the great advantage the Central Indiana Hospital for the Insane has been to the

state as a teaching institution. In the study of pathology, the erection of an hospital for the sick insane, and the laboratory research work to aid in the treatment of the sick insane, this institution was a pioneer. I think it is safe to say that in all progressive measures it has been a leader. A two-fold benefit is accomplished: The wards of the state are not only given the best medical and surgical attention, but the future doctors who graduate from the Indiana University School of Medicine are especially qualified to treat the diseases of the nervous system because they have been under the tutelage of specialists, some of whom are at the institution, and others who are located in Indianapolis.

The students of the University School attend clinics regularly and as the patient is carefully studied so the physicians of the institution are given more light in the treatment of these unfortunates. The students get an education in this special department of medicine which enables them to successfully treat mental diseases and the sick insane in their respective localities and also recognize the condition of persons who should be sent to the hospital for treatment. The fact that the two state institutions work in harmony is largely due to the wise judgment of Superintendent Edenharter, Dean Emerson and the men of both institutions associated with them. Such things are a valuable asset to the state of Indiana. The members of the legislature and the citizens of the state should be acquainted with these facts. I hope they are.

It is not the student body only that has this splendid opportunity to receive instruction, but the doctors of the state are privileged to attend these clinics and invitations in public print have frequently been given by Dr. Edenharter.

The present course of instruction is conducted by Dr. Max Bahr on psychopathology, and it is probable no more complete a course is offered elsewhere. At other times during the year courses in other avenues have been conducted

by Drs. Potter, Sterne, Neu, Hutchins, Humes and Cottingham. These men are eminently qualified. Some of them are in army service, and upon their return will again take up the teaching work. Some of the original investigations of Dr. Max Bahr and quite a few clinical reports have been published in this journal and from time to time others will appear.

S. E. EARP.

#### FINDS MOTHER HEART IN AMERICAN FIGHTERS

How the American doughboy, large-hearted, cheery and clean, became the Big Brother and "buddy" of children wherever the war carried him, is a glorious and now well-known chapter of America's part in the conflict. But he went further and developed what Lieut. Coningsby Dawson can only describe as a "motherly feeling." In "The Motherhood of the Soldier," in the May number of the Red Cross Magazine, Lieut. Dawson, who served with both the Canadian and the American troops, writes:

"It sounds absurd, I know, but it seems to me that up front we fighting men contrived to get a kind of motherly feeling for one another. We were all so weak when considered separately, so liable to wounds and deaths; we were only strong when we stood together. This maternal feeling which men developed showed itself in a special direction when the danger was most intense. The moment before an attack the uppermost thought which most of us had and which some of us expressed was 'I wish, if I go West today, I had a kid to leave behind me.' It wasn't the father in the man speaking there, for the paternal instinct rarely makes itself felt until the child is already in the world. It was the woman speaking who lies hidden in the heart of every man."

#### NO MEAN CITY

Indianapolitan—What was the occasion of Benjamin Harrison's "no mean city" speech, and how did he use the expression?—The address was a response at a dinner given by the Commercial Club on

the evening of April 21, 1897, at which General Harrison was the guest of honor. There was a large assemblage, including some guests from outside the city. General Harrison responded to the toast, "No Mean City," and he held the manuscript of his speech in his hand. He began: "No mean city. The apostle Paul, when he used these words was in the hands of a Roman guard that had come on a run to deliver him from a Jewish mob." After some humorous opening remarks General Harrison proceeded to draw a picture of the ideal no mean city, as one of schools, of culture and of progress, "a city having the community spirit, but not the communistic spirit, where capital is respected but has no temples; a city whose people live in homes where there is room for a morning glory or a sweet pea; where fresh air is not delivered in pint cups; where the children can every day feel the spring of nature's green carpet; where life is comfortable and toil honorable," etc., concluding with an appeal to all to help make Indianapolis "a city to which men will grow attached, to which they will come back."—The News.

#### TOO INFERENTIAL.

"I want to return this automobile honker."

"Isn't it all right?"

"It might be for some people, but not for me."

"Why not?"

"Man alive, I'm a doctor, and this blooming thing makes a noise like 'Quack! Quack!'"—Med. Sentinel.

#### PATRIOTIC LITTLE JIMMIE.

Visitor—And what did you do to help win the war?

Jimmie—I didn't take castor oil so's there would be plenty to use on the flying machines.—The Doctor.

#### HAD HELP.

"Did your brother die a natural death?"

"Oh, no. We had a doctor."

# ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators.

## HICCOUGH CURES AND COMMENT.

The San Bernadino Sun has a running report such as would be expected from the lay press, but the Southern California Practitioner thought it of enough importance to reproduce it since treatment occasionally, at least for a time, seems unsuccessful. It says that deluge of remedies flowed into the Sun office following the publication of the story of the serious illness of Dr. William H. Craig, who has now been hiccupping for four days at Upland and who has been taken to a hospital.

Locally several cases of hiccoughs have developed, but none of them are regarded as in the critical stage. John Brown, Jr., ceased to hiccup yesterday, after a spasm of four days. Professor Gideon Knopp, of the high school faculty, has been hiccupping for three days and is confined to his home on his ranch near Redlands. He was somewhat better yesterday but still hiccupping. R. F. Wilson has also been hiccupping for three days.

One remedy ran in marked fashion through the list left at THE SUN office. This remedy is:

"Six drops of nitrite of amyl on a handkerchief and inhale."

The oldest reference to this remedy was in a clipping from an eastern paper that is known to be 35 years old. It was found in the pocketbook of J. B. McFarland, who lived in Wisconsin years ago, and members of whose family now reside in San Bernardino.

L. A. Murray, president of the chamber of commerce, brought in a clipping from the Sun of a number of years ago quoting a Los Angeles dispatch telling that Colonel Henry Laub saved his life with the six drops of nitrite and telegraphed the remedy to a Kansas City man, whom it likewise cured. There were various other clippings regarding the same remedy.

Among other remedies reported by various people were these:

A few drops of sweetened spirits of camphor, taken internally.

Cold soda water or ice cream.

A sudden fright or shock.

The sudden application of cold.

A pinch of snuff or something to make one cough.

A teaspoonful of vinegar in a drink of water.

A wineglassful of lime water or soda.

Drink lemonade at intervals.

Drink lots of black coffee.

There were also others, but these will show the interest that was aroused by the reported cases.

Mrs. Irene Coon, of 319 East 35th street, Los Angeles, writes that the late Joseph Kelley, pioneer ranchman and horse lover who died several years since, at one time was afflicted with a similar attack, and all efforts to control it failed, the doctors abandoning hope of recovery. At someone's suggestion a son went to the slaughterhouse and brought from there fresh, warm beef blood, which was fed to him and the hiccoughs soon ceased.

Mrs. Kelley still resides on Arrowhead avenue in this city, and a son lives at one of the beach towns.

Mrs. M. J. Baird of Urbita sends this remedy: Make a strong lemonade and sweeten; add one-half teaspoonful of peppermint and stir thoroughly. Have the patient lie flat on his back and apply wet cloths to the bowels, putting dry cloths over them; change every half hour; give one teaspoonful of lemonade every 10 to 15 minutes. This recipe is over 500 years old.

Mrs. Alice Fairholm, who encountered hiccoughs following influenza while she was recently nursing at Borosolvay, reports that the doctor used osteopathic treatment on the phrenic nerve, which controls the diaphragm, and was successful in stopping them.

Word from Dr. Craig is to the effect that he continues to improve, while messages from Indiana are to the effect that the attack sustained by Victor C. Smith's brother has been controlled and he will recover."

What relation does this condition bear to the influenza?

Comment. Frequently the press in Indianapolis has contained like articles.

Archibald Church in his book on mental and nervous diseases, says:

Hiccough is generally referred to the phrenic nerve, the diaphragmatic action being considered its most important feature. It appears, however, to be a respiratory difficulty and is undoubtedly associated with the respiratory centers. He speaks of it as a neurosis and that it may be caused by injury to the phrenic pneumogastric or superior laryngeal nerves. In hysteria it may last for weeks during the waking hours. It may be dependent on distant reflex irritation in the intestinal or genito-urinary tract or upon affections of the larynx or pharynx. It may be caused by intoxication, or where the respiratory centers are depressed as in uremic, syncope suffocation, after hemorrhage, in cholera, etc. It is sometimes of serious significance.

Church says that the treatment of a protracted attack is etiological. Sometimes sneezing is produced which is the opposite of singultus. Sedatives of all kinds have been tried. Musk and castoreum, faradism to the phrenic nerve and diaphragm has served good purpose. In hysteria isolation and general management of patient has much to do with the cure.

Potter, in his work on therapeutics, materia medica and pharmacy, suggests such remedies as morphine, apomorphine, atropine, duboisine, philocarpine, ether spray to site of phrenic nerve, nitroglycerine, methods of inspiration and tongue traction.

In our own experience we have had good results at different times from bromide of sodium, hydrate of chloral, valerian, apomorphine, opium, chloroform, icebag over site of phrenic nerve, and electricity. I have seen some cases so desperate that hiccough continued during sleep. In two obstinate cases paraldehyde and chloretone gave good results. In hysteria depletion by croton oil and the old remedy tartar emetic will serve the purpose. S. E. EARP.

## NORMAL BLOOD PRESSURE.

Good Health is authority for this statement:

"Really there is only one standard for normal blood pressure, and that is the pressure always found in a healthy person twenty or thirty years of age, which may vary between one hundred and one hundred and twenty. The blood pressure rises when old age processes begin, by which the small arteries are narrowed and the resistance which must be overcome by the heart thus increased. As age advances, the pressure rises more and more, increasing the work of the heart until finally the task becomes so great that it is no longer able to perform it efficiently. Then it gradually weakens, the blood pressure falls, and finally heart-failure closes the scene. This is the natural old-age process, but it must not be forgotten that old age is a disease and a man is 'as old as his arteries.' So, high blood pressure means old arteries, no matter whether this condition be found at forty or at eighty, but it is evident that a person who has at forty the blood pressure of another person at eighty is older than he ought to be at forty, while the man who has at sixty or seventy the blood pressure of a man of thirty is still young, notwithstanding the number of years that he has lived. The normal blood pressure is that of youth, and high blood pressure is always abnormal, whether it be found in a person of thirty or of sixty. A person who at sixty or seventy years still has healthy arteries should have the same blood pressure as a person twenty or thirty years of age whose arteries are healthy."

## THE USE OF KINESTHESIA IN TREATMENT OF SPEECH DISORDER.

By Walter B. Swift, M. D., Expert Advisor Speech Defects. Reprinted from Transactions of 22nd Annual Meeting of the American Academy of Ophthalmology and Otolaryngology. Oct. 29, 1917. Summary: Kinesthesia may be defined

as tactual sensation governing vocal output. It is located in the lower third of the ascending parietal convolution and takes its motor exit from the lower third of the ascending frontal convolution. The older speech men consider it sufficient to develop these areas alone. We find, however, that it has acoustic, visual and collaborative, as well as kinesthetic background, hence, it is necessary to develop these in speech training as well as the simple low area of kinesthesia. Modern methods develop all these four areas.

#### PERSISTENT EMOTIONAL TACHYCARDIA

The fact that emotion can provoke an attack of marked if fugitive acceleration of the pulse rate is known to all of us. But it is only since the last few years that we have been made aware of the existence of a persistent post-emotional tachycardia. First pointed out by Djerine and Gasmuel it was once again rediscovered by Laignel-Levastine, then by Gallavardin. This last named observer remarked with reason that between undeveloped Graves' disease and the tachycardiac neurosis the analogy is so great that "we must have the courage to admit that these two varieties of disease differ only in name." English physicians have for that matter seen tachycardia develop in the subjects of shell shock. The Neurological Society of Paris has also looked into this matter which has been the subject of numerous communications (Babonneix and Celos. Oppenheim, Deupre and Grimberty, etc.)

Messrs Charon and Halberstadt, from whom we have borrowed most of the details that precede (Paris Medical, August 17, 1918), rally to Mr. Gallavardin's view and hold that it is impossible to distinguish between incipient exophthalmic goitre and tachycardia which, especially when accompanied by tremors, greatly resembles the former. These observers have collected a certain number of personal observations in which there were mental disturbances of post-shell shock origin (mental confusion,

puerillism, anxiety, impressionability, emotionality) in which we get persistent tachycardia accompanied by hyperreflexivity and, on two occasions, by heightened blood pressure. Thus the shock may leave not only mental sequelae but also cardiac lesions whether these be due to stimulation of the sympathetic, as Gallavardin thinks, or to any other cause. What becomes of these subjects? This is an important question from a medico-military point of view, but one which is still far from being answered.—*Le Monde Medical.*

#### WHY THE IDEALS OF MODERN SPEECH DEVELOPMENT ARE NOT ATTAINED IN THE SPEECH DRILL OF TELEPHONE OPERATORS.

By Walter B. Swift, M. D., Expert Advisor Speech Defects. *The English Journal*, Vol. VIII, No. 2, February, 1919.

Summary: It was lately recommended that speech training used for telephone operators could also be used in the training of speech of those with defects and indistinct English. On investigation these telephone methods appear to be a little more than pronouncing very clearly a series of words that are usually often used by telephone operators. No doubt this secures clearness, but I am told at the headquarters where this is done that it is not lasting always, that it sometimes is used only when the individual is telephoning and then in using speech they relapse to slovenliness.

#### SPEECH ELEMENTS IN TABES: SIGN AND TREATMENT.

By Dr. Walter B. Swift and Dr. Hugh G. Beatty *The Laryngoscope*, St. Louis, January, 1919.

Summary: Dr. Swift of Boston and Dr. Beatty of Columbus, Ohio, have studied some cases of tabes with speech defects. They find the trouble due to lack of sensorial control and suggest that in order to establish this acuteness of ear hearing be developed into what Dr. Swift calls a "listening check up repetition."

### ALCOHOL PHYSIOLOGICALLY OBJECTIONABLE.

The conclusion of the Central Control Board of England as published by the Dominion Medical Monthly are as follows:

1. Alcohol is undoubtedly a food, in the sense that its combustion in the body can supply a considerable part of the energy needed by the organism.

2. Unlike other foodstuffs, it cannot be stored in the system in altered form, to be used as required, but remains as alcohol in the blood and the tissues, on which, if present in excessive amount and over prolonged periods of time, it exercises a deleterious influence.

3. By reason of this latter characteristic alcohol cannot safely be used as a large element in the diet without risk of injury to health, and it is on this account, and also because of its disturbing effect on nervous functions, quite unsuitable as a staple food for industrial workers.

4. Its action on the nervous system, which is the chief reason d'être of the ordinary use of the alcoholic beverages, in health and in disease is, with the possible exception of its effect on the respiratory center (in the brain), essentially narcotic and not stimulant.

5. The moderate use of alcohol by the average normal adult is physiologically unobjectionable, provided that it is limited to the consumption of beverages, of adequate dilution, taken at sufficient intervals of time to prevent a persistent deleterious action on the tissues.

### SUBLIMATE KIDNEYS—ACUTE POISONING.

Askanazy and Nakata have published an article on the stages of sublimate kidney in the *Correspondenz-Blatt für Schweizer Aerzte* for January 18, based on 15 cases of suicide from swallowing corrosive sublimate. Death took place at intervals which varied from 12 hours to 17 days. As all know, there is much discrepancy in the finds and criticism of the latter among pathologists in general. The authors claim that this discrepancy

is due wholly to the failure to recognize the existence of three separate stages. These they denominate as follows: the red initial stage, the grey-white sublimate kidney, and the red sublimate kidney proper. The first may be in evidence at any time during the first 24 hours. The organs are notably colored with an actual red or greyish red hue. The organ is hyperemic throughout but at the same time the degeneration of the renal epithellum may be already under way. This feature is now more fully developed and most fatal cases present it at autopsy. This second period stretches from the second to about the seventh day. The kidney loses completely any suggestion of red and becomes grey, either bluish or whitish grey. The microscope shows that the condition is in reality a pallor, the vessels having greatly reduced content. The anemia is due to compression by the tubules which are somewhat distended as a result of the degenerative process in the epithelia; in reality perhaps because of attempts at regeneration, new cells being in process of formation. The terminal red sublimate kidney is never seen before the first week following ingestion of the poison. It was present in seven of the author's series. The organ becomes once more light red or greyish red, which change is due to hyperemia and signifies the presence of active regeneration. The occluded tubules have in part expelled their contents while interstitial inflammation has taken place in some degree. Epithelial debris which cannot come away becomes calcified. As a result of their finds the authors dispute the word nephrosis in connection with sublimate kidney for they find everything which should be present in the makeup of a nephritis.—*Medical Record* for April, 1919.

This presents the subject in an interesting manner and is of value. It is a good contribution and under such circumstances the patient generally dies. Thus far treatment has been almost a failure. If the quantity taken is small

and it can be removed before absorption takes place the prognosis is good and perhaps when only a small portion has been taken into the system, but when conditions exist such as described in the above editorial from *The Record* the patient dies.

**Practical Treatment,** by Musser and Kelly, Vol. 1, says that corrosive sublimate is so powerful that no treatment aside from immediate neutralization of the poison by a chemical antidote or prompt evacuation of the stomach, is of much value. Like other books albumin is suggested and yet we are told that the albuminate of mercury formed is soluble in an excess of albumin, so a liberal use of the antidote is harmful. The proper proportion is white of one egg to each four grains of the poison. Other means are suggested as hashed meat, milk, soup, if eggs cannot be had. For emetic apomorphia  $\frac{1}{4}$  grain, in its absence other emetics. The subsequent treatment is that of gastro-enteritis, and this is what may be followed after the immediate or emergency treatment. But what about the damage that has been done to the kidney? Men know that death will come in a few weeks and a will is made. No hope is offered, so doctors and friends watch for the inevitable result.

Potter suggests albumin, gluten flour, milk, vegetable astringents, hydrated protosulphate of iron, charcoal, magnesium bicarbonate, potassium iodide to saturation of the system as an after-treatment, and baths. In many cases milk of magnesium has served a good purpose. When potassium iodide is given in late stage of poisoning it is with a view of converting the metal into soluble combination. Our readers are no doubt familiar with several abstracts that we have published concerning corrosive sublimate poisoning.

S. E. E.

#### THE TRAINING OF THE MEDICAL SPEECH SPECIALIST.

By Walter B. Swift, M. D., Expert Advisor Speech Defects.

**Summary:** A rather lengthy article on the training of the speech specialist shows the great value of oratory as giving the speech man an understanding of the psychology of dramatic development. Special scientific education is shown to be of value in giving the mastery of instruments in a psychological laboratory. As for example the Harvard Psychological Laboratory, where Dr. Swift worked for over a year. The value of general medical training gives a medical background for diagnosis. General medical experience gives necessary first hand touch to medical diseases that is necessary in the background of speech. This medical training refers to the regular medical training, not to any of those little schools that imitate the real scientific medical instruction. Special medical training in nervous diseases and with foreign experts and our home experts is weighed in all its phases of value. Then Dr. Swift shows the value of home clinics, teaching, lecturing, and writing as final functions of an all-round development of the medical speech expert in one clinic in the United States where all this training exists as the background of instruction there.

#### SATISFACTORY FORMULAS.

(From Myers Bros.' Druggist.)

##### Methylene Blue Ointment.

Methylene blue, 2 grams; distilled water, 15 grams; anhydrous woolfat, 30 grams; zinc oxide, 12 grams; bismuth subnitrate, 12 grams; petrolatum, 12 grams. Mix.

##### Antiseptic Foot Powder.

Eucalyptol, 40 mins.; salicylic acid, 3 drs.; zinc stearate comp., 3 drs.; boric acid, 5 ozs.; talcum, 6 ozs. Mix intimately and use as a dusting powder

##### Liquid Dry Shampoo.

Saponis dur., spirit meth. (industrial), Aq. destill. Macerate for three or four days, filter and add: Liq. ammoniae, Sp. rosmar.

To be sprinkled over the hair, brushed through, and then rubbed off with a dry towel.

Reported to be very refreshing after a hot day, and to leave the hair "just nice."

#### Antiseptic Mouth-Wash.

Dr. Miller, in *Deutsche Medizinische Wochenschrift*, recommends a solution made as follows: Thymol, 0.25 Gm.; benzoic acid, 3.00 Gm.; tincture of eucalyptus, 15.00 c. c.; water, 750.00 c. c. To be used as a wash to rinse the mouth after meals, and especially before going to bed, to destroy bacteria, etc., which cause fermentation in the particles of food between the teeth, and thereby cause caries of the teeth and foul breath.

#### After Shave.

Tragacanth,  $1\frac{1}{2}$  drams; glycerin, 10 ounces; alcohol, 4 ounces; boric acid, 2 drams; menthol, 15 grains; distilled extract witch hazel, q.s., 4 pints. Perfume to suit.

Macerate the tragacanth in 2 pints of witch hazel for several hours, or until it is thickened, and strain through cloth; add glycerin, alcohol and perfume; shake well. Dissolve boric acid in remainder of witch hazel and add gradually in divided portions to tragacanth mixture, shaking after each addition. Dissolve the menthol in the alcohol before adding to the tragacanth mixture.

#### SOME PSYCHOLOGY OF SYPHILIS.

Each year for many seasons Fournier, the great syphilologist, spent several lectures teaching the importance of the early effects upon the nervous system in syphilis, and he particularly stressed the loss of morale in such patients.

The syphilophobia of those with genital lesions bearing suspicious evidences, but incapable of proof of syphilis in the earlier period before the laboratory tests were available, often was misleading. One elemental fact, however, always stood out: the syphilophobic was always frank; the syphilitic for some time the contrary—as Fournier put it, lying is a symptom of syphilis.

The reference to these observations on some psychologic changes in early

syphilis has been occasioned upon the reading of the circular of instructions just issued by the City Board of Health, and which "the physician must hand to the patient."

We are thoroughly conversant with the mental attitude of the patient with syphilis, and we know that the majority of them will be apt to read of the disease when they can, and thereby increase the ordinary morbid influences which must be overcome, but we can imagine no greater contribution to the evils of his imagination than the array of symptoms outlined in the circular and which the greater number of victims will at once anticipate as to be expected in the course of his own case.

We believe that the intelligence of a patient should be appealed to and that his personal hygiene is a matter of the greatest importance, but how is it practicable when the patient is told to read carefully and often an array which might give a healthy man or woman a nightmare and a sick one a near-delirium?

It is a wise precaution to advise sterilized drinking-cups and eating utensils, but this necessitates either accommodation for such at all eating places, hotels and on public carriers, or the syphilitic must be compelled to drink and eat only at his own domicile, where he may do as he pleases.

It is a wise step to afford the physician the facilities for easy treatment for his patient, but no physician who thinks twice will put such a circular in the hands of a patient with syphilis looking for relief of the disease.

Such circulars might be posted in all public places for the purpose of scaring those who might pass in the way of disease, and for such a purpose the circular might serve an admirable purpose, but it would appear to us that by attempting to force the circular upon unwilling doctors and unwilling patients the end result may be that the Board of Health is on the way to getting rid of a bad law by enforcing it.—Editorial, *New Orleans Med. and Surg. Jour.* for May, 1919.



**WERE YOU SURE A COUNTRY BOY?**

A good story is the one about the boy who left the farm and got a job in the city. He wrote a letter to his brother, who elected to stick by the farm, telling of the joys of city life, in which he said:

"Thursday we auto'd out to the country club, where we golfed until dark. Then we motored to the beach, and Fridayed there."

The brother on the farm wrote back:

"Yesterday we buggied to town and baseballed all afternoon. Then we went to Med's and poked till morning. Today we muled out to the corn field and gehawed until sundown. Then we suppered and then we piped for a while. After that we staircased up to our room and bedstedded until the clock fived."—San Francisco Argonaut.

**QUESTIONS AND ANSWERS ABOUT THERAPY.**

(From Myer Bros. Druggist for April.)

**The Strength of Dakin's Solution.**

Is chlorine the active ingredient of Dakin's Solution? How strong is the preparation?

Comment: Dakin's Solution depends on chlorine for its antiseptic and germicidal power. It is a neutral solution of sodium hypochlorite. The ideal strength is 0.48. If the solution is above 0.50, the chlorine irritates the flesh. If the strength is below 0.40, the chlorine is not sufficiently strong to kill bacteria.

**What Is Lait Virginal?**

Comment: This wash is sold under various names in different localities. It is made as follows: Tincture of benzoin, 2 fl. drs.; rose water, 8 fl. ozs. Mix. It is essential that the water be added very gradually to the tincture, as the gum resin will be precipitated if the tincture is poured into the water.

**Anchusa Root.**

What is anchusa root which is used to color liniment?

Comment: This is alkanet, known botanically as *anchusa tinctoria*.

**Freezing Bacteria to Death.**

Does freezing kill bacteria?

Comment: That depends much on the kind of bacteria. Most bacteria are at least put to sleep by freezing and remain dormant until they are warmed up again. Many bacteria are killed by a temperature below the freezing point. In the Arctic regions, pus forming bacteria do not occur to infect wounds.

**Typhoid Vaccination a Precaution, Not a Prevention.**

How is it that so many of our soldiers in the American Expeditionary Forces, who took part in the last drive, just before the armistice, were stricken with typhoid fever. I thought all of our soldiers were vaccinated against typhoid.

Comment: All of the soldiers are vaccinated but typhoid vaccination is a precaution rather than an absolute preventive. This vaccination is not a substitute for sanitary precautions. Military necessity in that great drive by the soldier boys of the United States which broke the backbone of Germany rendered sanitary control extremely difficult. During the stress of that active combat, the soldiers were exposed to unusual conditions favoring the contraction of typhoid fever. You must remember that the United States raised within a short period of time an army of several millions of men who had been poorly instructed in personal hygiene and sanitation. Two million of these men were suddenly landed in France where they encountered environments with conditions quite different from those existing in the United States. It is surprising that so little typhoid fever developed.

**NOTES FROM ILLINOIS HEALTH NEWS.**

It is well known that stone cutters and those engaged in certain kinds of mining operations are especially prone to develop consumption. This tendency is the more marked in proportion as the rock is hard and crystalline. The first effect is a condition known as "silicosis," in

which the mucous membrane of the bronchial tubes becomes thickened and inflamed. There may never be any development of tuberculous infection, but the soil is well prepared for the development of pneumonia or tuberculosis. It is possible that even the fine particles of carbon in smoke may have a similar influence in a more mild way. Street dust frequently contains minute slivers of wood. These irritate the mucous membranes. It is well recognized that the pollen of certain plants—the ragweed and golden rod, for example—produce the asthma of hay fever. In these two latter cases it seems probable that the result is the product of chemical action rather than that of mechanical irritation simply.

Chilling the body reduces the power of protection against bacteria. There are certain cells in the body which are known as phagocytes. When they come in contact with bacteria they surround, devour and digest them. If the temperature of the body be abnormally reduced the phagocytes are not so active. This partially explains why chilling of the body may be followed by an attack of pneumonia. The cold does not produce pneumonia—no more than harrowing a field produces a crop of corn or wheat. Harrowing the field prepares it for the growth of planted seed; chilling the body prepares it for developing the planted germs. It is wrong to speak of the cold air treatment of pneumonia. Plenty of fresh air, less laden with germs and the poisons eliminated from the body, helps to maintain the fighting efficiency of the body, provided that the body be kept warm.

Pure air helps the body to maintain its heat. It is an easily demonstrated fact that a well ventilated room with a temperature of 60 degrees is more comfortable than a close room at 80 degrees. Bodily heat is maintained by the burning of food in the body, and an essential for a good fire is plenty of oxygen. A vigorous person exercising in the open air is frequently more comfortable than he is wearing a heavy

suit in a close room where he sits at a desk.

Air coming from a marsh contains less ozone than that from a sandy soil. Ozone is a form of oxygen which is peculiarly active. It is also found that the air which has passed over a large body of water contains more ozone than when it left the other shore. Mountain air is rich in ozone. This explains why a person may be comfortable at one of the health resorts in the Alps amid the snow, or on some island of the sea in the winter time, and yet suffer from the cold in London or New York, where the air is deprived of much of its free oxygen and laden with many impurities.

Simply to open a window does not insure having pure air. It permits the heat of the room to escape, but it may not insure the interchange of air. If the window be opened a little, so that a direct draft may blow into the room, it may do positive harm. The cold outside air naturally sinks to the floor. There it catches the dust and bacteria and picks them up in its journey. For this reason when a window is slightly opened it should always be behind a shield of board or other substance which will direct the current upward. Drafts are dangerous if they carry bacteria, or if they constantly strike one portion of a body the rest of which is abnormally heated, but even weakly persons may find a walk along the shore of Lake Michigan during a northeast gale invigorating if not continued too long.

The pure air of the mountains, of the prairies, of the ocean, and of the pine forest is health giving. Man was made to live in the open, and if he insists upon spending his life in the musty atmosphere of the counting room, the dust of the factory, the dirt of the mine, or in the overheated and polluted dryness of a modern residence fitted with double windows which can not be opened, he must sooner or later pay the penalty.

#### TANNIN AND THE GRIPPE TOXIN.

Doulcet calls attention to the use of large doses of tannin in conditions due

to bacterial toxins. The sole explanation is an affinity between this acid and the poisons referred to. Originally employed with benefit in tuberculosis, it has been tested in the Italian Army for influenza. The only result claimed is lessened virulence and a more favorable course. The dose, which is repeated at intervals, begins at 7 or 8 grams. By using this remedy one is able to avoid the abuse of antithermics.—*La Presse Medicale. Med Rec.*

If this be true then its combination with sulphate of quinine would be an advantage.

Tannin and syrup of tolu make rather a pleasant mixture with quinia, chocolate and licorice, and, too, yerba santa have been used to disguise the taste of quinine.

With children I have found the following formula serviceable:

Rx. Quinia Sulphatis..... 2.  
Acidi tannici ..... .60  
Syr. tolu q. s. ad.....60.

M. S. Dose one teaspoonful.

Some persons have suggested that the quinine was chemically changed into a tannate and was less soluble, remembering that tannin is the chemical antidote in alkaloidal poisoning because there is formed an insoluble tannate. In the above formula the small quantity of tannin used will cause but little change.

S. E. EARP.

#### BLOOD PRESSURE AND FITNESS.

Sorapure, in the *Lancet*, contends that the presence and relative lengths of the several phases to be noted in the auditory method of blood pressure determination are of greater significance than the height of the systolic pressure, or than the comparison of the systolic and diastolic pressures. From a study of the blood pressure findings in a series of 769 normal soldiers it was found that the average systolic pressure was higher than is found in civil life; that the average diastolic pressure was more constant than the systolic, not showing the same tendency to rise; that the average pulse pressure was about sixty per

cent of the diastolic pressure; that the average periods of the first three phases were, first, twenty per cent; second, forty per cent, and third, forty per cent of the pulse pressure; and that there was a very wide range over which individuals varied, though the averages for each group were quite constant. The normal diastolic pressure for these men was between seventy and ninety, and the systolic pressure was fifty to sixty per cent higher. In contrast with this group of fit men, a group of 189 men invalided home, but none having organic heart trouble, was studied. In this group a very large proportion of the men did not show the several characteristic phases in the blood pressure readings; while those who did show them revealed wide variations in their relative durations. The unfit group also showed considerable instability in the diastolic pressure.—*Medical Standard for April.*

#### ACUTE APPENDICITIS IN THE AGED.

Dubs, in an article abstracted in *La Presse Medicale* for February 27, emphasizes the infrequency of this affection after the age of 50. In a material of 500 cases of the disease treated at a Swiss cantonal hospital during a period of three years only 19 occurred in subjects in the sixth decade, 4 in the seventh, and 2 in the eighth decade. In other words but 5 per cent. of these cases occur in subject above 50 years. Figures show that at these advanced ages appendicitis occurs in two principal forms. The first is diffuse peritonitis following perforation and is fortunately rare, while in the other form the condition is of very slow evolution and may even simulate a neoplasm. Otherwise considered the attack in the elderly differs from the attack in the youthful because of the absence of a general reaction. The local symptoms may be sharply in evidence—notable muscular rigidity and marked tenderness to pressure, but reflex and constitutional symptoms are correspondingly less marked; for example nausea, which is usually absent. Whatever its intimate nature the

treatment of appendicitis in the aged is essentially surgical and never expectant and the mortality under operation is about 12 per cent.—Medical Record for April.

#### TO KNOW MATERIA MEDICA AND THERAPEUTICS SPELLS SUCCESS.

Theories may change, fads may come and go, but the true, the definite indications of remedies never change. They are the same yesterday, today, and forever. We prescribe a remedy because it is the remedy indicated in that particular case. We expect good results, and we get them. That reduces the business of prescribing for the sick down to an exact science, and that is what we mean by Definite Therapeutics.

A good prescriber should not have any prejudice against any school of medicine or system of therapeutics. He needs all the help he can get in his battle with disease. Above all, he wants the right remedy, that will help him cure his patients—no matter where it comes from or who has used it.

To be a good prescriber a physician must be a constant student of *materia medica*. It is the study of a lifetime. When a doctor takes a case out of your hands and cures it, he knows something that you do not know. He may be a better student of *materia medica* than you are.

There is a great satisfaction in being a good prescriber, for when a patient goes out from his office, he feels confident that the sick person has just the right remedy to cure him.

It is then that the practice of medicine becomes a pleasure, and not a constant fret and worry for fear the medicine won't help the sick person, or that there may be "crepe on the door" at your next visit.

This kind of worry and constant anxiety is a result of what we call "shot-gun" practice, that never hits anything, but makes work for the undertaker. For myself, I prefer the rifle practice, that hits the mark and brings down the game.

Any physician who is building a repu-

tation upon the cures he makes is building upon a solid foundation. Such men are a great blessing in any community.

Dear reader, my best wish for you is, that you may be a physician. There is a crying need for men in this land of ours, that are physicians, not doctors.—Jones in Medical Standard for April.

#### MASKS AND CARE OF HANDS IN INFLUENZA.

Dr. W. M. Donald in the *Leucocyte* for April concludes an article as follows: He says the writer would strongly voice his depreciation of the hysterical attempt in certain localities to guard the populace by the general use of masks. This, to the ordinary mind, whether lay or medical, was only hysterical and sensational and was proven by figures collected by the public health service to have no real value.

The washing of the hands of all those associated in any way with influenza patients was, in the mind of the writer, of infinitely greater value in the prevention and spread of the disease than any form of masking. I have insisted upon this point in my own case, in the cases of all my patients, and in the cases of all attendants upon even mild influenza. This of course, is already a *sine qua non* in the case of typhoid patients and has probably been responsible for much of the improvement which has been manifest in the spread of this disease. Handling of infected bed-clothing and personal attire and culinary articles, all of which have become infected by the droplet method due to coughing, sneezing and spitting, offers a most fruitful field for the conveyance of this disease. Per contra, frequent washing of the hands, which are so unconsciously carried so often to the mouth, nose and eyes with their absorbing mucous membrane, offers a most powerful preventive agent.

#### THE OPTIMUM TEMPERATURE.

Every species of animals has an optimum of temperature, which means the temperature at which it thrives best.

The same is true of plants. A spruce will flourish where a palm will die. A polar bear cannot live in the tropics, nor a hippopotamus in the arctics.

A temperature of 92° F. in water and 86° F. in air, is neutral for man. That is, at these temperatures, a person may live without clothing or artificial heat. At higher temperatures the body must cool itself; at lower temperatures it must manufacture heat to make good the extra loss, so that the body temperature may be maintained at approximately 100° F. internally, 98.4° F. in the mouth.

The temperature inside the clothing is the neutral temperature for air, 86° F., when the external temperature is 65° to 70° F.

For the highest degree of mental and physical activity and efficiency, a lower temperature is advantageous. At a temperature of 60° to 50° F., the brain works better and a higher degree of bodily activity is facilitated.

Heat is depressing, while cold is a physiological stimulant. The effect of cold upon the muscles is to increase their "tonicity," that is, to increase their aptitude for work. Heat has the opposite effect.

The winter season affords a most favorable opportunity for securing the physiological benefits of cold. In the summer season, cold air is often obtainable only at very great expense. In the winter, it can be avoided only at large cost.

Unfortunately, in protecting ourselves against extreme cold, we go too far, often producing in our homes temperatures which equal or exceed the unpleasant summer heat.

In this, as in many other ways, we incur great expense for a net result which is a damage rather than a benefit, and buy ourselves misery instead of comfort.

The temperature of living rooms in the winter season should never exceed 70° F., and a temperature of 65° or even 60° is better. This is the ordinary house temperature in England, in the cold

months, and is quite sufficient, if care is taken to clothe the body properly.

The temperature of sleeping rooms should be several degrees lower, 50°-40°, at least, and ordinary out-of-doors temperatures are still better, with proper sleeping arrangements.

In overheating our houses we waste at least twenty-five per cent of all the fuel consumed.

Hooverizing in fuel is not only an economic measure of great importance as a war measure, but is of still greater value as a hygienic measure.—Good Health for April.

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#### HUFELAND ON THE POWER OF MIND OVER CONTAGIOUS DISEASE.

The celebrated physician Hufeland recalls a personal experience which demonstrates the amazing power of the mind over contagious and epidemic disease. It is an established fact, he writes, that those who have courage and are not easily disgusted are the last to be attacked. But what is more, I myself am an example that an established case of contagious illness can be cured by a glad exhilaration of spirits. It happened in the year of the war 1807, when a pestilential fever broke out that I had to attend many who were ill with it. And one morning I felt that I had every symptom of this disorder—giddiness, mental dullness, weakness of the limbs, or every sign that I must suffer for many days before the malady would break out. But duty commanded, and others suffered more than I. I determined to go through all the morning's work as usual, and to enjoy a midday dinner to which I was invited. At this dinner I gave myself up as much as I could to the merriment, drank intentionally more wine than usual, went with an artificially excited fever to my home and went to bed, had a profuse perspiration, and rose in the morning cured.—Quoted by Chas. L. Leland. "Have you a Strong Will?"—[Perhaps it was the wine and the perspiration and

not the power of mind that produced the cure?]-Critic and Guide.

In cholera depression favors contraction of the disease. It is true that a general depression, melancholy and like conditions lower the body resistance and disease is more likely to be acceptable to the human organism.

#### REST IN HEART DISEASE.

Cornwell in the Medical Record wisely emphasizes this measure. He thinks the first principle in the use of rest in heart diseases is to give it in a sufficient dose, and if a mistake is to be made to make it on the safe side by giving too much rather than too little; for giving too much rest rarely does harm to a cardiopath, while failure to give enough may imperil his chance of recovery or improvement; of all remedies the bed is the least harmful in overdose.

The full dose of rest means the horizontal position—feet in bed and head on pillow; and revolution of the body permitted only on its horizontal axis; and no debate on the bedpan question; and the sitting position allowed only when there is orthopnea.

Just how long a patient should remain in bed after compensation for the horizontal position has been apparently restored is not always easy to decide. In chronic valvular disease of inflammatory origin, occurring in adults, the writer's rule is to keep the patient in bed for at least one month after such apparent recovery. In the case of children, his rule is to keep the patient in bed indefinitely, that is, to refuse to set a definite time for getting up. It usually happens that if no such date is set, the patient will be kept in bed about long enough, for the parents usually will connive at disobedience of orders when the child has appeared well for a considerable time. Keeping a child in bed for a long time does him no harm, and it safeguards him to a considerable extent from recurrences of his original disease and starts him in training for the disciplined and restricted life which may be his lot.

In acute endocarditis absolute rest in bed should be maintained for at least three months after symptoms of the acute disease have passed away, whether or not signs of cardiac insufficiency were present.

In acute myocarditis and acute myocardial degeneration the length of time to which the rest in bed need be prolonged depends on the pathological changes in the heart, which changes cannot be accurately made out; but in any case in which pronounced signs or symptoms of myocardial degeneration were noted, the period of rest should be measured in months. In the mild cases which occur regularly in typhoid fever and give no pronounced symptoms, confinement in bed for at least two weeks after defervescence is usually sufficient; but in those cases of typhoid which show unduly rapid pulse, or in which a transient mitral regurgitant murmur is observed, the rest in bed should be continued several weeks longer, and the getting up made gradually and cautiously, and a close watch kept on the behavior of the heart during the process; if the pulse shows an excessive increase of rate on getting up, the patient should be put back to bed and kept there for several weeks before trying it again. In cases in which there has occurred a sudden dilatation of the heart it may be necessary to keep the patient in bed for many months. The writer has seen persistence for months and even years of irritability and weakness of the myocardium, manifested by tachycardia and shortness of breath on slight exertion, which seemed to be referable to undue haste in getting out of bed after an apparently moderate typhoid.

In diphtheritic myocarditis prolonged rest is highly necessary, and even if no special signs of cardiac involvement have been noted the heart should be safeguarded by at least several weeks absolute rest in bed after apparently complete recovery; and if such signs have been observed, three months' stay in bed may be considered the minimum

requirement, with special restriction of activity for a subsequent period of not less than a year.

The simple pneumonic heart, without direct inflammatory involvement, presents an imperative indication for absolute rest—Editorial Therapeutic Gazette.

#### EXERCISE FOR OLDER MEN.

A recent story in the Saturday Evening Post, by the author of Skinner's Dress Suit, says Northwest Medicine, tell how a group of elderly salesmen and clerks, who were threatened with discharge, rejuvenated themselves by the simple expedient of joining a Y. M. C. A. gymnasium. By one of those magical and delightful transformations which are to be found only in works of fiction, they became young again almost over night. Smooth shaven faces replaced straggly whiskers of the days of yore. Neat, well-fitting, youthful clothes superseded ancient and baggy garments. Polished shoes induced the springy gait of youth, and, not least, an intellectual renaissance appeared that made these men the equals in sprightliness and activity of the youngest of their associates without the loss of the balance wheel which comes of experience and long years of labor. The misfortune is that such transformations are not in line with truth. It is quite likely that this story will do harm, for if elderly men attempt to follow the example suggested, some of them will come to grief. There is no earthly reason why an elderly man should not dress youthfully if he so wishes, although in the end he will probably derive no advantage therefrom, for the garments of adolescence are ill-suited to the wrinkled features and white hair of senescence or presenescence. But when an elderly man suddenly attempts vigorous exercise in the Y. M. C. A. or other place, he is quite likely to cause dilation of the heart or rupture of a cerebral blood vessel as he is to find himself growing hard and athletic. Yet the story is in line with conditions that have amounted in the least

few years to a fad. Quite commonly one reads of a successful but wornout business man, whose sagging cheeks and heavy gait were replaced by the bloom and springiness of youth through the activities of some Muldoon or McFadden. All the Y. M. C. A. gymnasiums and many other athletic clubs have classes of men who have passed their first youth, engaged in active exercise. Some of the members derive benefit therefrom, many try the work for a short time and find they are incapable of the strain, while a not inconsiderable number are rewarded by increased fatigability and a small number by cardiovascular disasters. If a man has always exercised, he will doubtless benefit from continuing such activities, especially if they replace work. But if he gets up earlier in the morning or works later at night at his regular business in order to find time for exercise, more harm than good will result. If he has taken no exercises for fifteen or twenty years, to resume them actively is to endanger his life. For the elderly man such exercises as billiards or walking are to be commended. Perhaps better than any other is golf, which is played in the open air and which may be leisurely followed. Even golf can be indulged in too strenuously. Conservatism in exercise is as important as in other affairs of life and he who thinks he will regain youth by engaging in violent exercise, such for example, as volley ball, is quite as likely to gain instead a wheel chair and a special attendant to push it around for the rest of his life.—Med. Standard.

#### THE MILK OF HUMAN KINDNESS.

The value of suggestion as a remedial agent has been quite too long ignored by the professions of medicine and nursing. Professor Kraepelin in Munich, Professor Dubois in Berne, and other investigators in the field of psychiatry have proved beyond question the importance of a knowledge of the psychology of the sick. The time it would seem cannot be far distant when much more attention will be given to this

subject in our medical schools and hospitals in America than has yet been accorded them.

While doubtless today, in the domain of medicine, surgery and nursing, more of the pure "milk of human kindness" is bestowed than in any other, it cannot be doubted that a real danger menaces us in the conditions which surround these professions. We must not in this country permit the spirit of disregard for the patient so evident in many of the clinics of Europe to steal into our hospitals, dispensaries and offices. The opportunities to put something helpful and uplifting into the lives of our patients, while administering to the purely physical, is too great and too precious to be lost.

One of the greatest responsibilities and privileges which comes to women in medicine lies just here, for to women more even than to men comes by heredity and training a sympathetic understanding of the meaning of pain and physical limitations; the transmutation of this inborn sense into gentle, skillful, yet thorough medical work—Eliza M. Mosher, Brooklyn, N. Y., *Woman's Medical Journal*.

#### THE TREATMENT OF STAMMERING.

Physical defects must be remedied as far as possible. Hypertrophic cryptic tonsils containing foci of infection, from which poisonous toxins are constantly given off, thereby lowering the bodily resistance, should be removed. Care must be taken that the removal is skillfully done, that permanent injury to the muscles used in speech, be not inflicted.

Adenoids, post-nasal, hypertrophies, septal deviations, tongue-tie, carious teeth, crowded or mal-occluded teeth should receive proper attention. No operation per se will cure stammering, but may put the physical body into better condition to be the servant of the mind. Stammerers have poor voluntary control of their speech mechanism, including breathing, which is usually of

a shallow, catchy nature. As speech is built out of breath, the stammerer must be taught breath control. Diaphragmatic breathing should be taught by lecture and example, emphasizing the fact that it should be the aim of the stammerer to practice diaphragmatic breathing at all times, and not only when in the teacher's presence.

As stammering is associated with an interruption of the breath, and as stammering never occurs when the breath is being expired freely, the aim in treatment should be to keep the breath flowing freely, in fact to insist on an exaggeration at first of the breath in the tone.

The stammerer's attention is directed to the faulty sounds he makes, and he is shown by comparison, the correct sounds. Syllabication or dividing words into syllables is one of the best exercises, and much training may be given to it. Mental drill, for poise and relaxation and the use of suggestion and auto-suggestion are useful adjuncts for the treatment of the mental instability.

Short poems dealing with simple subjects may be memorized and used in recitations to emphasize the sound, form and color of the different words. Learning something, and doing something which by repetition the stammerer can do well and usually without stammering, has a marked value in that it assists in the restoration and continuance of the self-confidence which he lacks.

The treatment of a stammerer should not be undertaken lightly, and never without the full co-operation of parents—especially the mother. It is her duty usually to see that the stammerer practices several times a day. To her falls the task, also, of supervising the minute details of the patient's life; regulating his diet, sleep, exercise and play according to his necessities. In very nervous children an hour or two spent in complete rest in bed, in the afternoon, will go far to conserving nervous energy.

As the treatment of stammering is practically the supervision of the entire



life of a child for a period of from six months to several years, it is the province of a physician of wide general learning as well as special training to undertake these cases.—Stivers, in *South Cal. Pract.*, Mch.

#### ANTI-TUBERCULOSIS MEASURES.

In an address, delivered before the recent New Jersey Joint Conference on Tuberculosis, Krause, of the Johns Hopkins Medical School, attempts a review of the anti-tuberculosis movement and indicates how our measures of prevention and control should be supplemented and enlarged so as to square with the shifting point of view that the newer knowledge of the disease of the last ten years has brought us.

Not all the diminution in the tuberculosis mortality rate may be ascribed to our intentional efforts. Much is undoubtedly due to the broad social and economic movements that have brought about better living conditions. Since the application of the Pirquet test we have learned that tuberculosis infection is practically universal. It is therefore at least questionable whether efforts at prevention and control should be too largely concentrated on the prevention of infection. Infection, of itself, is of comparatively minor importance. It is the development of infection into clinical disease, into manifest tuberculosis—that we are really concerned with and should make every effort to prevent.

Krause pleads for a better appreciation of this phase of the situation and asks for renewed effort for the expenditure of money without let-up, for what amounts to the unremitting and universal education of physicians and laymen in the truths of tuberculosis, and for a broadening and intensification of the work of the National Tuberculosis Association. He concludes:

"Nor is there room in the anti-tuberculosis movement for a single note of discouragement. The pessimists among us can be only those who are deficient in grasp and breadth. Civilization and tuberculosis are contemporaneous; the

number of the tuberculous and the number of civilized beings are almost co-equal; therefore, to despair of tuberculosis is to despair of civilization. A graft that is as much a part of us as is the development of our ethical sense cannot be lopped off in a day; but it can be kept from flowering and bearing fruit. And until we can wage direct warfare on the germ, to keep it in the seed should be our main purpose."—Krause, Allen K., *Anti-tuberculosis Measures*, American Review of Tuberculosis, 1918, Vol. 2, No. 10.

#### THE DATE, SPINACH, LETTUCE.

The date has always commanded a pretty good price, because of the limited area in which the date palm will grow. It is very fond of water and particularly salt water. It thrives only when abundantly supplied with water and sunlight. According to the Arabs, the date will not flourish unless it has "its feet in the water and its head in the fire" (of the sun). When the thirsty traveler in the desert sees in the distance tall palm trees rearing their heads above the horizon, he knows where he will find water.

A century ago, the best dates sold at \$1.25 a pound. The wonderful dates produced in the Nuperial Valley of California at the present time, bring nearly as large a price. The date-raising industry has always been confined to the Orient, but there is some prospect that we may after some years become independent of the date supply of Northern Africa and other eastern countries.

The date palm is more hardy than the cocoanut, and is now being grown in increasing numbers in Florida, from St. Augustine south. There is no doubt that the date palm would flourish in our recently acquired possessions, Porto Rico and the Philippine Islands.

As a source of sweetness, the date is far preferable to cane sugar, for the reason that the cane sugar which forms one-half of its weight is still in its natural organic combination, and is associated with the salts and vitamins which mod-

ern researches in dietetics have shown to be absolutely essential to life and health.

The February number of the Journal of Biological Chemistry contains the report of an investigation by Osborne and Mendel concerning the vitamin content of spinach, cabbage and alfalfa, timothy, etc. The content of fat soluble A is higher than that of the water-soluble B in both spinach and cabbage. Only ten per cent of spinach was needed to furnish sufficient fat-soluble Vitamin in a diet which was complete except for that factor. This gives us, then, one of the best vegetable sources of fat-soluble vitamin so far studied.

They also advocate the use of more vegetables. "If one may draw conclusions from the limited data now available, it seems that the green vegetables supply an important addition to the diet of man because the staples such as cereals, meats, potatoes, fats and sugar probably furnish too small an amount of either of these vitamins to meet fully the requirements of an adequate dietary. Therefore, care should be taken not to reduce greatly the quantity of green vegetables customarily eaten until more is learned about the actual requirements for these food factors and their relative abundance in the commonly used vegetables and green foods."

Let the gardens be more extensive than even last year. We learned to use and can beet tops, turnip tops and other heretofore unused parts of the plant. Let us make them into appetizing dishes and learn to acquire a taste for them. We must not throw away or feed to the animals Nature's best efforts to give us the substances taken from the soil, that are so valuable to us and that would be beyond our reach except for the little radishes, onions, beets and turnips.

Augustus Caesar was very fond of lettuce and attributed to its use his recovery from a serious illness. It is said that he afterward held this plant in such high esteem that he erected a statue and dedicated an altar to it.

In the time of Domitian, the Romans served lettuce with eggs, as we do at

the present time—probably one of the most ancient of table customs. It was served with the last course, so as to stimulate the jaded appetites of the feasters.

It is strange that this estimable plant did not reach the western world until the time of Queen Elizabeth, when it was first grown in England.

The lettuce furnishes valuable salts and vitamins, and, besides, supplies bulk which aids bowel action. It is especially to be recommended to those who have a tendency to over fatness. It should be used by such persons very freely, and with lemon juice only, oil being avoided. A large plateful should be eaten at the beginning of every meal.—Good Health.

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#### EXPERT TESTIMONY AS TO VALUE OF PHYSICIAN'S SERVICES.

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The Washington Supreme Court holds that where application is made for a commission to take the depositions of five physicians as to the value of professional services rendered by the plaintiff physician, it is discretionary with the trial court to limit the number to three. Such evidence consists of pure opinion with reference to something that is neither exact nor scientific. Such expert evidence, even if uncontradicted, is not conclusive, but merely advisory—only a guide. Such physicians may testify as to the reasonable value of a physician's services in the case of a disease known of by all physicians, although the services were rendered by a physician in a different city from that in which the testifying physicians are practising.—*Terrill v. Fotheringham*, Washington Supreme Court, 173 Pac. 748.

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#### STEADY JOB.

Hardup—Here's that little bill you owe the doctor. He's commissioned me to collect it.

Hardcash—He has, eh? Well, I'm glad you've got a permanent job at last, old man!

## MEDICAL MISCELLANY.

### COMMENCEMENT AT INDIANA UNIVERSITY.

The first of the series of commencement program events this year will begin with Phi Beta Kappa meeting on Wednesday, May 28, a supper and initiation address having been planned. On Thursday, May 29, comes the senior swing-out and peace pipe, the latter event taking place on the campus at 8 o'clock. At 8 o'clock in the evening, President and Mrs. William Lowe Bryan will give a reception in the Student building.

The baccalaureate address will be given by Dr. Frank B. Wynn, of Indianapolis, at 7:30 o'clock Sunday evening, June 8. Monday, June 9, is to be known as senior day and the schedule will include the planting of the ivy at 9 a. m., a meeting of the alumni council in the Faculty Club rooms at 10:30 o'clock, class day exercises at 1:30, class play at 3:30, band concert on the campus at 7 and the faculty reception to the seniors, alumni and friends at 8 o'clock.

Tuesday, June 10, is Alumni day, the program beginning with the alumni and all-university breakfast from 7 a. m. to 9 a. m. At 9 o'clock a meeting will be held in Assembly hall, when the election of alumni trustees will take place. A business session of the alumni and former students will be held at 9:30, and at this time the 1919 class will be received into the association. The presentation and dedication of a memorial tablet will be at 11 o'clock, and this will be followed at noon with the alumni dinner, when the loving cup will be awarded to the class having the highest percentage of living members.

Two receptions are to be given from 2 p. m. to 4 p. m., the same afternoon, one by the women's league in the west parlors of the Student building, and the other by the Indiana Union in the Union room. From 3 to 5 o'clock come the annual faculty and alumni baseball game on Jordan field and at 8 p. m.

there will be a band concert and a lawn festival on the campus.

Wednesday, June 11, is commencement day. The class picture will be taken at 9:15 and this will be followed by the commencement exercises. The address will be delivered by Professor George Lincoln Burr, of Cornell university, and the degrees will be conferred by President Bryan.

### THE VENEREAL CLINIC.

This clinic is held at the Indiana University School of Medicine building and is in charge of the U. S. Government under Major King, of the state board of health. Salvarsan and other remedies are furnished free by the government and the work is done by Dr. Frank Cregor and his associates, who receive no pay. Rich and poor may come, no questions asked. The government is making an effort to stamp out the venereal peril. Perhaps this free for all method is the only successful one, but it will evidently make some difference in the practice of the genito-urinary specialists. Time will prove whether or not this is the right procedure.

That good old useful phrase, "beating their swords into plowshares," has served its time. In its day it helped round out many an inspiring editorial and furnished many a good line for a more or less eloquent stump speaker. But soldiers don't use swords now.—Kansas City Star.

### ANSWERS "WHAT IS MAN?"

A man weighing 150 pounds will contain approximately 3,500 cubic feet of gas—oxygen, hydrogen and nitrogen—in his constitution, which at 80 cents a thousand cubic feet would be worth \$2.80 for illuminating purposes. He also contains all the necessary fats to make a fifteen-pound candle, and thus, together with his 3,500 cubic feet of gases, he possesses considerable illuminating

possibilities. His system contains twenty-two pounds and ten ounces of carbon, or enough to make 780 dozen, or 9,360 lead pencils. There are about fifty grains of iron in his blood and the rest of the body would supply enough of this metal to make one spike large enough to hold his weight. A healthy man contains fifty-four ounces of phosphorus. This deadly poison would make 800,000 matches, or enough poison to kill 500 persons. This, with two ounces of lime, make the stiff bones and brains. No difference how sour a man looks, he contains about sixty lumps of sugar of the ordinary cubical dimensions, and to make the seasoning complete, there are twenty spoonfuls of salt. If a man were distilled into water, he would make about thirty-eight quarts, or more than half his entire weight. He also contains a great deal of starch, chloride of potash, magnesium, sulphur and hydrochloric acid in his wonderful human system. Break the shells of 1,000 eggs into a huge pan or basin and you have the contents to make a man from his toenails to the most delicate tissues of his brain. And this is the scientific answer to the question, "What is man?"—Electrical Experimenter.

#### DR. E. D. BEARD KILLED.

Dr. E. D. Beard, 55 years old, and his adopted daughter, Mary Beard, 18 years old, both of Indianapolis, were killed instantly, May 1, when the automobile in which they were riding was struck by west bound Big Four passenger train No 11 at the crossing in Avon, east of Indianapolis.

Dr. Beard was an interne in the City Hospital at Indianapolis. He formerly lived on a farm north of Brownsburg when, after his wife died a year or so ago, he returned to Indianapolis.

The bodies of the victims were hurled about forty feet by the train and the machine was demolished. The neck of each victim was broken, but the bodies were not seriously mangled.

As an interne at the City Hospital Dr. Beard was earnest and careful in his

work and highly respected by his associates. Some years ago, Dr. Cooper, an interne, was killed in an auto wreck on the corner of College avenue and Tenth street, while doing duty in an ambulance call.

#### BASE HOSPITAL No. 32.

The following officers of base hospital No. 32 already have returned to the United States: Lieutenant-Colonel Edmund D. Clark, Major Bernays Kennedy, Major Aloys B. Graham, Major Charles D. Humes, Major Lafayette Page, Captain Eugene B. Mumford, Lieutenant Scott Edwards, Captain Raymond C. Beeler, Captain Paul T. Hurt, Captain Elmer Funkhouser, Captain Joseph W. Ricketts, Captain Frank C. Walker, Chaplain Joseph M. Francis, Lieutenant C. C. Duck.

The following men were transferred from base hospital No. 32 to other units while serving abroad: Captain Paul F. Martin to evacuation hospital No. 7, at Treves, Germany; Lieutenant-Colonel Carlton B. McCulloch to mobile hospital No. 11, and since returned home; Captain Leslie H. Maxwell, to mobile hospital No. 11; Captain Ralph L. Lochry, to base hospital No. 116; Captain Robert M. Moore, to base hospital No. 51; Captain Ralph L. Sweet, to mobile hospital No. 11; Captain John T. Day, to base hospital No. 101; Captain Jack W. Scherer, to the 59th engineers; Captain James V. Sparks, detached; First Lieutenant Harold B. Callis, detached for service in France; Lieutenant Leonard R. Reel, discharged for service with the Crane Company at Paris; Lieutenant George Fishback, detached, has since sailed as a casual; Private J. Connaway, to the Y. M. C. A. service in France; Private Vernon R. Corrigan, to the infantry; Private William P. Davis, to the army dental laboratory at Paris; Private David Dean, to the United States army camouflage section; Private Kenneth Fisk to United States army radio service, Chaumont, France; Private Edward C. Kahle, to the infantry, killed in action in the Argonne, the only casualty in

the unit aside from the death of Miss Mae Berry, of the nurse corps, who died of pneumonia at Brest; Private Clifford E. Lupton, to the army dental laboratory at Paris; Private John McArdle, to the Knights of Columbus, in France; Private J. V. McElwaine, discharged to take a position with the Crane Company, in Paris; Lieutenant Otto Asperger, invalided home; Private Harold E. Poindexter, invalided home; Private F. G. Searle, to the quartermaster's corps; Private Claude E. Snyder, to the 59th engineers; Private Winters W. Fehr, to base section No. 1.

The nurses' corps has returned, excepting the young women who were assigned to service with the army of occupation. The unit as it returns to the United States is reported by the government to consist of 133 men and two officers. The roll as it exists in Indianapolis comprises 143 men and this discrepancy of ten men apparently is accounted for by the more recent report that ten casualties sailed on April 21 on the Hampstead.

Others will return probably before the Journal is out, but it will be too late to make mention of them until our June issue.

#### A STORY WORTH READING.

**How An Indianapolis Doctor With His Nose on the "Grindstone" Won Out.**

Thrift, determination and perseverance are cardinal factors in winning a goal, no matter whether it be applied to outdoor sports or in the cause of medical education. The makeup of a young man and the efforts he puts forth have much to do in molding his future success as a doctor. If slothfulness is a characteristic, a polished education with plenty of near-silk fringe is a fallacious attribute and the possession of a diploma that has a fictitious value on account of the reputation of the college from which it was issued is sometimes hardly worth the price of the sheep upon which it grew. It is true that the self-made man must not be used as a comparison because with an education such

an individual would have accomplished still greater things.

There are many well educated and successful doctors who as medical students worked at odd hours in restaurants, shoe stores, and did elevator service in public buildings in Indianapolis in order to pay living expenses. Such things are in vogue at the present time.

A few days ago a successful doctor in Indianapolis remarked to the writer that if a young man had brains, health and determination, there is no obstacle that he cannot surmount if it is his earnest desire to get an education and be a doctor. My own experience is proof and establishes this fact. In the eighties my way toward being a doctor was beset with many obstructions and the atmosphere was not clear and yet I possessed the abiding faith that I would reach the goal successfully. I worked in Kansas and several other states. On the Great Lakes I filled the positions of deckhand to fireman. I took my first medical course in Fort Wayne, Indiana, and then learned that on account of the change that had taken place in college circles I would be compelled to take two years in Indianapolis. I had no money and my clothing was threadbare and my shoes had holes in them. Even my hat was not the latest pattern, and while presentable it showed quite a contrast with those worn by many of the other students.

I got employment running an elevator in an apartment house north of Washington street. I slept in the attic and for a year there was no fire and I lived on one meal a day. The insurance companies did not know that I studied by candle light in the attic. To keep warm while going over my notes and some second-hand or borrowed textbooks, I covered myself with some old comforts to keep fairly warm. I soon found that one meal a day, my elevator work, late hours in study and my college duties made me lose flesh, so I obtained the position of table-waiter at Stegemeyer Bros.'s cafe, 19 North Illinois street, and in payment for my serv-

ices at the noon hour received my extra ration; then I got along better and I must say that Mr. Stegemeler was very kind to me.

Perhaps there were some other details during this period in the same line but I was in the work to win and win I did. I graduated from the Indiana University School of Medicine. I was an interne at the City Hospital and an externe at the City Dispensary at different times. I have practised medicine in Indianapolis a little over ten years, have paid my debts and now have \$20,000. I am now doing a good business, trying to follow the Golden Rule and the present is the happiest period of my life.

It would do no harm for many young men to paste this story in their hat so it can be close by for reference.

S. E. EARP.

#### DIAMOND ANNIVERSARY.

The New Orleans Medical and Surgical Journal, with its May issue, celebrated its diamond anniversary. The May issue makes the seventy-five years, the first number was issued in May, 1844. Drs. Charles Chassaignac and Isadore Dyer have been at the helm twenty-three years. During this time the Journal has appeared promptly each month. The only break at any time in the publication occurred during the civil war, when editors, contributors and readers were mostly in the army.

The editors have lived up to the ideals of the founders which was a high standard.

Whatever can be said of the best Journals, can be said of this one. It has been our pleasure to abstract from it frequently. Dr. Brayton has often made complimentary and personal reference to the editors. We offer in the highest sense, congratulations, and may the Journal and its eminent editors and their co-workers continue to be blessed with success, prosperity and the best the world affords.

S. E. EARP.

#### SOME MEDICAL FEATURES OF THE WELCOME HOME CELEBRATION.

Clouds were heavy in the early morning of May 7, but as the whistles and bells announced the arrival of the soldiers at the depot so the beautiful victory arch, the court of honor of the allies were bathed in bright sunlight with cool and pleasant atmosphere.

The decorations were magnificent and were in evidence everywhere. It is estimated that 200,000 persons viewed the parade.

The Seventh Division was headed by Lilly base hospital No. 32 and included the medical corps, nurses and automobiles with wounded soldiers. The division was led by the Indiana University band.

Col. E. D. Clark, commander of base hospital No. 32, was marshal of the division. Included in his staff were Lieut. Col. Carleton McCulloch, Lieut. Col. A. P. Hitchens, Maj. O. G. Pfaff, Capt. John A. McDonald, Capt. E. F. Kiser and Capt. Benjiman Hitz, all of Indianapolis, and Col. Fred Tucker of Noblesville, chief of staff.

The base hospital was in command of Maj. Bernays Kennedy and his staff composed of Maj. A. B. Graham, Maj. Lafayette Page and Maj. C. D. Humes.

#### How Base Hospital Marched

The base hospital marched in six platoons, commanded as follows: First, Capt. Raymond C. Beeler, Sergt. Vernon G. Sheller; second, Capt. Paul T. Hurt, Sergt. Thomas McHugh; third, Capt. Scott R. Edwards, Sergt. Roy F. Rich; fourth, Capt. A. E. Guedel, Sergt. George Swaim; fifth, Lieut. C. C. Duck, Sergt. Ralph Brewer, and sixth, Lieut. George Flashback and Sergt. Harry Hollenbeck. Miss Florence Martin, chief nurse, and forty other nurses of the base hospital rode in automobiles.

Four platoons of medical officers followed the base hospital. Capt. Ralph S. Chappell, of Indianapolis, was in command of the section which included more than 100 medical officers that had served either overseas or in American camps. The first platoon was led by

Maj. M. O. Devaney, Indianapolis; second, Maj. G. D. Marshall, Kokomo; third, Capt. Chappell; fourth, Capt. E. O. Little, Danville.

Eight platoons of enlisted men in the medical corps completed the division. First, Lieut. F. L. Truitt, Indianapolis; second, Lieut. W. S. Given, Indianapolis; third, Capt. W. F. Hickman, Indianapolis; fourth, John W. Little, Indianapolis; fifth, Capt. B. A. Brown, Indianapolis; sixth, Capt. A. G. Husted, Indianapolis; seventh, Lieut. A. E. Guedel, Indianapolis, and eighth, Capt. H. C. White, Mooresville.

The first platoon of the medical corps was composed of members of ambulance company No. 149, which was originally Indiana Ambulance Company No. 3.

Division No. 8, which mobilized at Washington street and Senate avenue, was composed of members of the student army training corps, with delegations from Butler College, Bicknell, Ind.; Hendricks, Ripley and Johnson counties and other parts of the central portion of the state. The S. A. T. C.'s were in command of Maj. A. C. Webb, assisted by Capt. P. F. Ferguson and Lieut. C. A. Eicke.

When the thousands of spectators lining both sides of Washington street in rows of eight and ten deep and crowding windows, fire escapes and ledges of buildings along the line of march first caught a glimpse of the parade a mighty cheer was sent up and echoed and re-echoed down the entire line. The side lines were a sea of flags and waving handkerchiefs.

More than 8,000 roses of many varieties were showered upon the heroes just before they passed through Victory Arch. Fourteen young women dressed in white threw roses upon the fighting men from high pedestals. Many of the soldiers, sailors and marines caught the flowers as they were hurled through the air.

The returning victors literally tread upon a carpet of roses as the street between Washington street and the arch in the path of the soldiers was strewn with the blossoms.

### CREED OF THE DISABLED.

Once more to be useful—to see pity in the eyes of my friends replaced with commendation—to work, produce, provide, and to feel that I have a place in the world—seeking no favors and given none—a man among men in spite of this physical handicap.

Carry On is edited by the office of the surgeon general, U. S. Army, published for the surgeon general by the American Red Cross, and will be sent free of charge to anyone requesting it.

### First Aid Units.

The personnel of first aid units and the situation of the stations for the Welcome Home parade were arranged by Dr. Charles P. Emerson, chairman of the committee on medicine.

The committee was composed of Dr. Emerson, Dr. O. S. Runnels, Dr. E. M. Haggard, Dr. Frank B. Wynn, Dr. Samuel E. Barp, Dr. William N. Wishard, Dr. John H. Oliver and Dr. Edgar M. Outland.

Seventy-two junior and senior students in the Indiana University School of Medicine acted as stretcher bearers and first aid officers inside the lines, to carry ill or injured persons, if there should be any, to the first aid stations of the ambulances. These students and their organization follow:

Senior committee: B. B. Moore, in charge of Groups 1 and 2, Charles E. Dutches in charge of Groups 3, 4, and 5. Claude H. Addleman in charge of Groups 6 and 7. Paul Bailey in charge of Groups 8 and 9.

Group 1—R. R. Acre in charge: E. L. Bulson, C. W. Reed, James Griffith, D. A. Bickel, H. E. English, F. J. Hudson, Hobart Rogers, R. P. Swartz, F. E. Gifford, M. S. Harding.

Group 2—Louis Reiffels in charge: J. J. Littell, R. V. Myers, Virgil Sipe, E. A. Newland, Thomas Reitz, W. P. Moenning, L. F. Swank, Floyd Carter, Parvin M. Davis, O. M. Graves.

Group 3—Harold W. Corya in charge: J. V. Cassidy, R. A. Naugle, C. B. Rice, H. K. Turner, J. O. Eller, H. C. Keever.

er, J. D. Seybert, W. C. Thomas, Lyman Pearson, Carl Reifeis, Frank Forry.

Group 4—Russell Hiatt in charge: M. F. Steele, H. F. Dunlap, R. J. Millis, Wilbur F. Smith, P. H. Wilson, B. B. Reeve, J. C. Freed, E. O. Alvis, S. Aronson.

Group 5—L. K. Phipps in charge: Geo. B. Metcalf, R. Hernandez, Victor I. Varner, C. J. Moser, H. F. Steele, H. L. Murdock, E. T. Gaddy, W. M. Splieth, Verne L. Turley.

Group 6—E. Vernon Hahn in charge: Claude A. Curry, John F. Rigg, Alonzo A. Petty, W. J. Washburn, D. H. Eurit, Otis A. Kopp, B. L. Shook, M. C. Pitkin.

Group 7—Okla W. Sicks in charge: H. M. Kaufman, R. E. Whitehead, W. P. Morton, Claude Pettibone, Byron Nixon, H. P. Bowser, W. A. Gift, J. V. Sprauer, J. E. Kilman.

Group 8—W. M. Hoppenrath in charge: H. C. Ragsdale, Charles B. Laskoff, O. Woolridge, S. M. Casey, H. M. Cox, W. S. Owen, J. K. Berman, F. F. Stivers, S. L. Epple.

Group 9—Frank Newcomer in charge: Cleon Nafe, Francis Guthrie, Bert Ellis, A. H. Rivero, N. J. Eastman, J. M. Taylor, Virgil French, Ira Cole, Ora M. Holman, W. B. Templin.

#### SECTION 1.

South Side of Washington Street,  
Senate Avenue to Meridian Street.

Station 18—Salvation Army headquarters, 24 South Capitol avenue.

Miss A. Rupe in charge.

Physician—Dr. William Wise.

Nurses—Mrs. Mary Miller, Public Health Nursing Association; Miss Edith Andrews, Deaconess Hospital.

Ambulance No. 1—Walter Blasengym.  
Ambulance Physician—Dr. Richard Porter, Methodist Hospital.

#### SECTION 2.

South Side of Washington Street, Meridian to Alabama Street.

Station 17—Scottish Rite Temple, 29 South Pennsylvania street.

Physician—Dr. H. R. McKinstry.

Nurses—Miss Ray Ugstad, Public

Health Nursing Association; Miss Eschol Freed, Deaconess Hospital.

Ambulance No. 2—Royster & Askin.

Ambulance Physician—Dr. Lacy Schuller, St. Vincent's Hospital.

#### SECTION 3.

North Side of Washington Street,  
Alabama to Meridian.

Station 23—Marion county court house, Room 15.

Physician—Dr. A. M. Hetherington.

Nurses—Mrs. Howard Gay, Red Cross; Mrs. Frank Wood, Red Cross.

Ambulance No. 3—Shirley Bros.

Ambulance Physician—Dr. James Thom, City Hospital.

#### SECTION 4.

East Side of Circle, Market, Pennsylvania to North.

Station 22—Circle Theatre.

Physician—Dr. J. D. Garrett.

Nurses—Mrs. Susan Daniels, Public Health Nursing Association; Miss Viola Gorman, Deaconess Hospital.

Station 19—Y. W. C. A.

Station 4—Second Presbyterian church at Vermont and Pennsylvania streets; Mrs. Caleb Denny in charge.

Physician—Dr. M. N. Hadley.

Nurses—Miss Enoch Snodgrass, Public Health Nursing Association; Mrs. Walter Green, Red Cross; Miss Jane Morgan, Methodist Hospital.

Ambulance No. 4—Shirley Bros.

Ambulance Physician—Dr. Ray G. Ikins, City Hospital.

Station 3—Shortridge high school.

Physician—Dr. C. F. Voyles.

Nurses—Mrs. Minnie Roberts, Public Health Nursing Association; Miss Jean Clearwaters, Methodist hospital.

#### SECTION 5.

Corner of North and Pennsylvania to Delaware and Thirteenth Streets.

Station 16—Benjamin Harrison school.

Physician—Dr. W. E. Gabe.

Nurses—Mrs. Hazel Barthel, Public Health Nursing Association; Miss Naomi Zellers, Methodist Hospital.

Station 5—Central Christian church, Delaware and Twelfth streets; Mrs. Claude Dill in charge.



Physician—Dr. H. K. Bonn.

Nurses—Mrs. Edna Brickey, Public Health Nursing Association; Miss Bessie Patton, Methodist Hospital.

Ambulance—Flanner & Buchanan No.

1.

Ambulance Physician—Dr. Ralph E. McIndoo, City Hospital.

Station 14—Jewish temple, Delaware and Tenth; Mrs. Isaac Born in charge.

Physician—Dr. E. S. Knox.

Nurses—Mrs. Hazel Bartel, Public Health Nursing Association; Miss Bertha Sellers, City Hospital.

Station 6—Christian Science church, Delaware and Twelfth streets; Mrs. Mary Eichrodt in charge.

Physician—Dr. David L. Kahn.

Nurses—Miss Bertha Soehner, Public Health Nursing Association; Miss Mabel Robards, City Hospital.

#### SECTION 6.

Delaware and Thirteenth to Sixteenth and to Meridian and Thirteenth Streets.

Station 10—First Presbyterian church, Delaware and Sixteenth streets; Mrs. A. Smith Bowman in charge.

Physician—Dr. J. L. Jackson.

Nurses—Miss Edith Hatfield, Children's Aid Association; Miss Margaret O'Neill, City Hospital.

Station 13—First Congregational church, Delaware and Sixteenth streets; Mrs. George Savary in charge.

Physician—Dr. C. A. Robinson, City Hospital.

Nurses—Miss Maude Hastings, Children's Aid Association; Miss May Elmer, City Hospital.

Station 2—Herron Art Institute.

Physician—Dr. C. J. McIntyre.

Nurses—Miss Fannie Kalar, Children's Aid Association; Mrs. James B. Nelson, Red Cross; Miss Margaret Newsome, City Hospital.

Ambulance No. 6—Flanner & Buchanan.

Ambulance Physician—Dr. E. D. Lukensbill, City Hospital.

Station 7—SS. Peter and Paul cathedral; Mrs. J. S. Ferris in charge.

Physician—Dr. Thomas J. Dugan.

Nurses—Miss Nina Schubart, Children's Aid Association; Miss Emma Leiss, St. Vincent's hospital.

#### SECTION 7.

Meridian Street, Thirteenth to North Street.

Station 12—Tabernacle Presbyterian church; Mrs. A. L. Hoadley, in charge. Physician—Dr. Homer Cox.

Nurses—Mrs. Vera Kenagy, Children's Aid Association; Miss Louise Huber, St. Vincent's Hospital.

Ambulance No. 7—City Hospital.

Ambulance Physician—Dr. N. R. Byers, City Hospital.

Station 8—Meridian Street Methodist church; Mrs. Este Railsback in charge. Physician—Dr. E. O. Asher.

Nurses—Mrs. Nora Garton, Children's Aid Association; Helen Hoffman, St. Vincent's Hospital.

Station 1—Indiana School for the Blind.

Physician—Dr. F. E. Abbott.

Nurses—Miss Gladys Cox, Public Health Nursing Association; Miss Mabel Cook, Methodist Hospital.

#### SECTION 8.

Meridian Street to Circle, West Side of Circle.

Station 9—First Baptist church; Miss Estelle Harding in charge.

Physician—Dr. D. W. Fosler.

Nurses—Mrs. P. J. McCown, Red Cross; Miss Francis White, St. Vincent's Hospital.

Station 21—English Opera House.

Physician—Dr. J. M. Cunningham.

Nurses—Mrs. Charles Bayer, Red Cross; Miss Beth Reid, Robert W. Long Hospital.

Station 15—44 Monument place.

Physician—Dr. W. D. Little, Robert W. Long Hospital.

Nurses—Mrs. Charles L. Coen, Red Cross; Miss Elizabeth Candy, Robert W. Long Hospital.

Ambulance No. 8—City Hospital.

Ambulance Physician—Dr. S. C. Summers, Robert W. Long Hospital.

Station 11—Christ church; Mrs. W. D. Pratt in charge.

Physician—Dr. F. V. Overman.

Nurse—Miss Alma Laupus

A picture of the first aids was taken at the Methodist Hospital to be filed as a part of the war history of Indiana.

Indianapolis Medical Society Guests.

The Indianapolis Medical Society gave a dinner at the Columbia club the night before home coming day. All its members who had been in military service were guests of honor. 200 persons were present and a number of out-of-town guests. Col. E. D. Clark and Major A. B. Graham delivered addresses.

Dr. John W. Sluss, late major and chief of surgical service, U. S. army, desires to announce that he has resumed practice at 226 Newton-Claypool building. Limited to diseases of women and surgery. Consultations: 2 to 5 and by appointment. Main 2082; North 2741.

#### MILITARY MEDICAL MANUSCRIPTS. Editors Indianapolis Medical Journal:

As stated in the circular memoranda for editors of medical publications issued by the surgeon general's office, on March 27th and May 22, 1918, it is required by paragraph 423, Manual of the Medical Department, that all medical manuscripts by medical officers, U. S. Army, intended for publication shall be first submitted to the surgeon general's office, Washington, D. C., for approval. This regulation, which has been very courteously complied with, to date, is still in force as far as medical officers on active duty are concerned. In the case of medical officers recently retired from active duty, it is requested, as a courtesy to the surgeon general and in aid of assembling material for the Medical History of the War, that all medical manuscripts based upon military or official records or upon military experience during the war, be submitted as heretofore, to the Secretary, Board of Publications, Surgeon General's Office, Washington, D. C., for record and approval and that such manuscripts be accompanied by a carbon copy. Upon approval, the original copy will be forwarded to the journal designated, for

publication, and the carbon will be filed in the records of the Medical History of the War.

For the Surgeon General,

C. R. DARNALL,

Colonel, Medical Corps, U. S. A.

Executive Officer.

#### DRUGGIST GLATT IN NEW LOCATION —ABOUT OTHER PHARMACISTS.

Mr. Joseph Glatt, for many years the accomplished pharmacist with the Francis Pharmacy Company, bought the old well-known Stevens Pharmacy at State and Washington streets, April 22. The writer has known Mr. Glatt for over ten years and can vouch for his ability and accuracy as a first class pharmacist.

His doctor friends should not forget him in his new location.

The cards of several pharmacists who are also absolutely worthy of trust, appear in this journal regularly. They are Francis Pharmacy Company, Ohio and Pennsylvania streets; Clark & Cade, northwest corner of Illinois and Washington streets; Ferger's Terminal Pharmacy, Illinois and Market streets; Reick's Pharmacy, corner Central avenue and Thirty-second street; H. H. Lehritter's Pharmacy, 949 Fletcher avenue.

The new Red Cross magazine is out in a new form and table of contents shows a great improvement. Next month's special features will consist of When there are three women there is intrigue—a Chinese proverb around which George Madden Martin has written a story of Chinatown, the war, and jealousy. Read 'A Chinese Triangle.' Stop making your curiosity offensive! Don't stare at wounded soldiers. Samuel Hopkins Adams concludes his interesting narrative of work done for disabled men, and tells how you can help 'The Doughboy Atop of the World'—that is the American soldier in Germany. It will be a story of facts written with understanding and with a whimsical humor by William Allen White."

Carry On, a magazine on the reconstruction of disabled soldiers and sailors, for April, says:

"Many thousand copies of Carry On are now being mailed to the nearest relatives of the disabled soldiers. Through the assistance of the field workers of the American Red Cross it is hoped that the nearest relative of every disabled fighter will soon be in this list.

"While the government is striving to give proper treatment, training and guidance to the disabled men, should it not be able to rely on the friends and relatives of the men to give them sane and discreet assistance and advice?"

#### NEWS ITEMS.

Dr. William E. Gabe, graduate of Harvard Medical School, who has recently finished a fourteen months' surgical service in Peter Bent Brigham Hospital, Boston, has opened an office at 712 Hume-Mansur building, Indianapolis, where he is associated with Dr. Edmund D. Clark in surgery.

He is the son of Dr. H. E. Gabe, who is a well-known physician in Indianapolis, and a member of the board of health and an ex-president of the Indianapolis Medical Society.

The tuberculosis clinic held at the college building has been unusually successful during the past year, according to the report recently made. Dr. Alfred Henry is in charge, assisted by Dr. E. M. Amos.

Dr. John E. Fetzer, age fifty, died at his home in Evansville, Ind., from a carbuncle on his neck, April 14, 1919.

Dr. Amelia R. Keller was elected president of the newly organized Woman's Rotary Club of Indianapolis, at a luncheon at the Hotel Lincoln. Other officers are: Mrs. Myra R. Richards, vice-president; Miss Maybelle C. Pettigrew, secretary, and Mrs. Ethel C. Peters, treasurer. Four directors were elected as follows: Dr. Jane Ketcham and Miss Elean-

or Barker, to serve two years, and Mrs. W. O. Bates and Miss Sallie Noble, for one year. The board of directors includes also the president, secretary and treasurer. Meetings will be held each Monday at 12:30 o'clock at the Hotel Lincoln.

Dr. William F. Craft, county coroner, for Greene county, and Miss Myrthel Dixon, were married May 2, at the home of Mr. and Mrs. Knapp, relatives of the bride, by the pastor of the Bloomfield Methodist Episcopal church. The bride is a graduate nurse, having received her training at the City Hospital, Indianapolis.

Norman E. Rawson has bought the drug store of Goldsmith Bros., at 1102 North Illinois street.

The Indiana Academy of Science meets May 22 to 24, at the State Forest Reserve, in Clark county, one mile north of Henryville.

Dr. Jane Ketcham was operated on for appendicitis at the Long Hospital, in April and is now attending to her clinical duties at the dispensary.

Miss Mae H. Githens, who has assisted in the work of the Journal office for several years, has shown a tendency to venture in the botanical field of usefulness with a special interest in orange blossoms. She is succeeded by Miss Pauline Marshall.

Dr. E. O. Little, who was a captain in military service at General Hospital No. 14, has under consideration locating in Indianapolis. He was at one time physician at Mudlavia Springs, and is a graduate of the Indiana University School of Medicine. He visited Indianapolis in April.

Dr. Ernest Rupel has opened an office for the practice of urology, 419 Hume-Mansur building. Before entering military service he was an interne at the

Methodist Hospital. He graduated from the Indiana University School of Medicine.

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Dr. Ben D. Paul has located at 419 Hume-Mansur building.

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Captain C. A. Stayton, U. S. Army, General Hospital No. 24, Parkview Branch, Pittsburgh, contemplates remaining in the regular corps and taking it up as a life work. He was formerly physician at the Indiana Epileptic Village and is a member of several college fraternities.

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Dr. Simon J. Young, who is interested in health matters of Indiana and active in the state medical society, has moved from Valparaiso to Gary.

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It is said that Dr. Homer Woolery, formerly of Bloomington, Ind., will continue in military service permanently.

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Lieutenant-Colonel Carleton B. McCulloch has returned to Indianapolis after more than a year of overseas service, first with Base Hospital 32, and later with other units.

Colonel McCulloch went to France with the rank of major. He was detached from Base Hospital 32 in the spring of 1918 and was one of a surgical team assigned to the French 3d army. After seeing much service at the front, he spent three months in Paris at the American ambulance headquarters, and later was placed in command of mobile hospital No. 11, which operated at Joinville and Donjeux.

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The National Society for the Study and Correction of Speech Disorder will have its summer meeting in Milwaukee, on July 4, as one of the affiliated societies of the National Educational Association. Members of the Society and invited guests of prominence in the field of speech correction, will address the association. Anyone interested to receive an advance program may do so by addressing the secretary, Miss Mar-

guerite Franklin, 110 Bay State Rd., Boston, Mass.

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Walter B. Swift, A.B., S.B., M.D., has just returned to Boston from Cleveland, where he has spent about a year installing and supervising speech correction in the Cleveland public schools. He trained up fifteen teachers who are part time speech teachers. They do their regular grade work as usual. The part time speech teacher is one of the unique features of the Swift methods and systems of speech correction. In Cleveland there are now forty-six classes and over six hundred cases under treatment. This Cleveland speech plant is one of the finest organizations of its kind in the country. Having completed this work at Cleveland, the speech movement now passes to the west and south. Dr. Swift will be in Milwaukee, Wis., in July, and Athens, Ohio, in August. He is booked to give informal courses in these two cities this summer.

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The marriage of Miss Beulah Hardwick Arens, daughter of Mr. and Mrs. Samuel Arens, to Dr. Burroughs Agin, of Ladoga, Ind., was celebrated April 16. Dr. Agin was a lieutenant in the Medical Corps at Camp McClellan, Anniston, Ala. They have gone to Ladoga for residence.

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The Scientific Seminar of the University School, April 25, had a program consisting of War Surgery, by Col. E. D. Clark; An Hereditary Tumor, by Mary B. Stark, and Cardio-Vascular Response to Infection, by Dr. S. E. Earp. The discussion was by Drs. Turner, Bond and Padgett.

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Dr. Benj. Potter, formerly of Indianapolis, has located at Enterprise, Ind.

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Dr. A. E. Guedel, who was consulting anesthetist in military service, in France, has returned to Indianapolis.

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Dr. C. S. Auble has returned from military service and has resumed practice in Indianapolis.

Dr. M. F. Garrish has succeeded Dr. J. H. Carter as secretary of the board of health at Seymour, Ind. Dr. Carter died March 11, 1919. He was an ex-president of Johnson County Medical Society.

Drs. A. E. Guedel and Bernard Erdman have returned from military service and resumed practice in Indianapolis.

It is our purpose to obtain all news items possible, but some escape and we will appreciate any assistance given us.

Dr. A. I. Walters, of Eli Lilly Co., who has returned from military service, will resume his work at the college.

Pharmacist Lynn at the dispensary reports that the venereal clinic under the government health service, had 1,100 patients in April. One can thus form an estimate of the work that is done.

Some of the out of town guests at the local society dinner given to the members who were in military service were Drs. Walter McFadden and Samuel Kennedy, of Shelbyville, and Dr. F. A. Tucker, of Noblesville. There were others whose names we did not obtain.

Dr. Charles R. Sowder and Raymond L. Beeler were visitors in Indianapolis in May and expect to be released from military service soon.

Drs. H. H. Wheeler and J. A. MacDonald have been released from military service at West Baden.

#### AUTHOR OF "BLOOD IS THICKER THAN WATER."

When members of a family disagree concerning trivial matters and there is danger of a permanent rupture, oil is frequently thrown on the water by saying, "Blood is thicker than water," to imply that persons of the same blood should render cohesive their interests. The quotation is used very frequently and many do not know its source.

Charles Walker of The News gives this answer to a query:

Thirteen—Who was the naval officer, English or American, who, finding his brother officer, American or English, in trouble, in the Chinese sea, perhaps, without authority from his government, came to the rescue with the remark, "Blood is thicker than water"? Commodore Tatnall, of the United States navy, and afterward of the Confederate navy, in 1857, was made flag officer of the Asiatic squadron. While the allied French and English fleets were operating against China his flagship grounded and was towed to safety by English boats. Tatnall subsequently actively participated in the attack on the Chinese, thus violating the neutrality between the United States and China. He defended his action by saying that blood was thicker than water, and his explanation was accepted by the government.

#### REVENGE AND THE PLUMBER.

The druggist danced and chortled till the bottles danced on the shelves. "What's up?" asked the soda clerk. "Have you been taking something?" "No. But do you remember when our water pipes were frozen last Christmas?" "Yes, but what—" "Well, the plumber who fixed them has just come to have a prescription filled."—Thus quoth the Doctors' Magazine.

This reminds us of the story of the plumber who lost in and out. A wife heard a nocturnal noise, perhaps a thief. She sent the husband to investigate. The husband was a plumber. The wife heard a terrible noise down stairs as if there was a desperate fight. When he returned she said, "For pity's sake what was the matter?" The husband replied, "I only got \$4.50 out of the thief's pocket, he was small potatoes, so knocked him down and threw him into the street." E. E. S.

Some men get themselves up regardless of cost; others take another nap after the alarm goes off.—Med. Sentinel.

## BOOK AND JOURNAL REVIEWS.

**Clinical Microscopy and Chemistry**, by F. A. McJunkin, M. D., Professor of Pathology in the Marquette University School of Medicine; formerly an Assistant in the Pathological Laboratory of the Boston City Hospital. Octavo volume of 470 pages with 131 illustrations. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, \$3.50.

This book presents the subject from a laboratory point of view and there is shown the importance of the clinical application of chemical and biologic methods. The clinical standpoint is everywhere emphasized and the necessity of proper instruction to interpret the many processes that are daily presented to the clinician. It is also true that the needs of the practicing physician and student are also looked after.

Long discussions found in the larger text-books are omitted, but there is the requisite amount said concerning the methods involving chemistry, bacteriology, serology and pathology. We mention this factor because we regard it of the greatest importance. I feel that I have a right to so speak since I taught laboratory methods for twelve years before entering the department of clinical medicine. Reference is made to works on clinical diagnosis by Emerson and Simons and prominent authors who have written on bacteriology, chemistry and pathology.

Technical procedure that the author considered unnecessary has been omitted, but includes those that are practical and eminently useful. Dr. McJunkin says, and the reader will find it to be true, that throughout the book, emphasis is placed on the relationship between the materials examined by the clinician and the body tissues. Examples of this connection are seen in the relationship between the blood cells and the tissues from which they arise, viz.: the bone-marrow, lymphoid tissue and vascular endothelium; between the sput-

um and the pulmonary mucosa; between exudates and inflammatory processes; between urine sediment and the lesions of the kidney and lower genito-urinary tract, and so on.

During my service at the city hospital I try so far as possible to have autopsy demonstrations when opportunity offers. To take the bedside record to the autopsy room is one of the ways, I think, to thoroughly teach medicine. This method of imparting instruction if neglected by the clinician is a sin of omission and an injustice to the students who attend the bedside clinics. Dr. Moon, the pathologist, when possible, makes an effort to vie with me. A case in point is the report on Banti's disease by Dr. Norman E. Byers, in the original department of this issue of the Journal.

Just in this line of thought Dr. McJunkin says, aside from the close association of clinical medicine and post-mortem examinations, the introduction the chapter on histologic and autopsy technic seems advisable in order to correlate the normal and pathologic tissues with materials commonly made the subject of clinical laboratory examination.

Here we find text and illustration telling of ideal autopsy room, the apparatus needed, temporary autopsy sheet, and the various steps necessary in conducting an autopsy and an interpretation of the findings. The changes made evident by disease are shown by plates.

Appropriately at the close something is said relative to museum preparations, recording specimens, Kaiserling's method, glycerine jelly method, mounting specimens and a formula for making a cement for sealing jars. In handling museum, a warning is given in regard to avoiding getting formalin on the hands. If the hands get rough, use a lotion prepared by placing 1,000 c.c. distilled water, 50 c.c. U. S. P. glycerine, 20 gm. boric acid, 20 gm. (unpowdered) tragacanth (the amount varies with the quality), and 5 gm. sodium benzoate in a bottle and shaking it at intervals during

four days. Filter the lotion through a towel on which 1 c.c. oil of geranium has been poured. A good grade of tragacanth should be used.

S. E. EARP.

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**Compend of Surgery for Students and Physicians**, by Benjamin Lipshutz, M. D., instructor in Neuro-anatomy, clinical assistant in surgery, Jefferson Medical College, etc. With 185 illustrations. P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia. Price, \$1.50 net.

This little book opens with bacteriology—infection, and on the first page is an illustration of spore formation by Williams. The short discussions concerning inflammation and repair, cellulitis and abscess, ulceration and gangrene are fair examples to mention wherein there is the most important information and like the kernel in a nut-shell we find the essence of the subject and outlined briefly in a manner to be easily understood. We make this mention of the fact because the same is true throughout this publication. Carrell treatment and dichloramine very appropriately follows twenty-four pages on fractures. What is said relative to shock, transfusion and acidosis is the nucleus of the several subjects. There is much that should be remembered in the text devoted to the injuries and diseases of the joints, then follows matter pertaining to dislocations. These subjects are well illustrated.

In the description of tumors of the breast two operative illustrations, one the skin incision, the other, amputation of the breast.

Bandaging, in twenty-four pages, well presents the finale of this book.

S. E. E.

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**War Surgery of the Face**, a treatise on restoration after facial injury, by John B. Roberts, A. M., M. D., F. A. C. S., professor of Surgery in the University of Pennsylvania, graduate School of Medicine, etc.

Prepared at the suggestion of the subsection on plastic and oval surgery connected with the office of the Surgeon General. Illustrated with 256 figures. William Wood & Company, New York, 1919. Price, \$4.50.

The great war just near a close or closed if the articles of the Peace Conference are signed, perhaps before this is in print, made necessary that adequate information should be given in correcting the many mutilations.

The surgical problems are legion and it is safe to say that all surgeons are not familiar with the great advances that have been made in plastic surgery. The reparative methods of Tagliacozzi, Szymanowski, Nelaton, Wolfe, Lexer, Morestin, Esser and others, give examples for the surgeon to derive benefit—from what these men have done. The experience of eminent surgeons has given a surgical literature which Dr. Roberts presents to the reader in the best possible manner.

The author states that he has endeavored to correlate the results of military and civic practice in traumatic surgery of the face, realizing that the fundamental principles of surgical science hold sway in both provinces. The reader will appreciate the truthfulness of the statement. He further says the reparative surgery of the face follows identical methods for reconstruction of wounds received in warfare and those caused by industrial accident and he desires, as we believe it will be, useful in both fields.

Hemorrhage and anesthesia are two topics that are very thoroughly presented and of the greatest importance in a book of this character. The chapter which relates to gunshot and other fractures of the facial bones is profusely illustrated.

Such delicate work as repair of traumatic deformities of the eyelids and globe is gone into minutely which is reasonable, for it is not only a question at issue of the unsightliness of the patient's appearance, but of more importance, the prevention of blindness.

The author shows in picture one of

his patients in which an epithelioma near the eye was excised and the flap from the temple was used to fill the space so as to prevent eversion of the eyelid. The temporal wound was covered with skin shavings. Then we pass to restoration of lid by Fricke flap, bridge flap from forehead to upper eyelid, construction of outer canthus with split temporal flap and then there are shown methods of Dieffenbach, Syndacker, Hasner and others. Several of Dr. H. W. Scarlett's patients are presented and quite a number show the successful work of the author, Dr. Roberts. S. E. E.

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**New and Nonofficial Remedies, 1919,** containing descriptions of the articles which stand accepted by the council on Pharmacy and Chemistry of the American Medical Association, January 1, 1919. Published by the American Medical Association.

This book was not sent to us for review, but each year we have been interested in the report of the council and we carefully examined a copy at the College bookstore. It is especially worthy of a notice and physicians should not only be acquainted with the great work of the Secretary, W. A. Puckner, but should also carefully read the contents of this book.

New and Nonofficial Remedies is a book in which are listed and described the articles that stand accepted by the Council on Pharmacy and Chemistry of the American Medical Association on January 1, of the year of publication. The descriptions of accepted articles are based in part on investigations made by or made under the direction of the council and in part on evidence or information supplied by the manufacturer or his agents. Statements made by those commercially interested are examined critically and are admitted only when they are supported by other evidence or conform to known facts.

Articles which are included in the U. S. Pharmacopoeia are not admitted to New and Nonofficial Remedies except in those

instances in which proprietary preparations closely approaching U. S. P. products present improvements over the official article. However, when brands of articles now in the pharmacopoeia were admitted to New and Nonofficial Remedies prior to the pharmacopoeial recognition of such articles or where, because of such inclusion of brands, other brands of the same article were subsequently admitted, these are retained and grouped under the pharmacopoeial title and reference made to the pharmacopoeia for description; in some cases a statement of actions, uses and dosage has been retained. S. E. EARP.

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**The Surgical Clinics of Chicago, December, 1919, Vol. 2, No. 6,** with sixty-three illustrations. Index number. W. B. Saunders Company, Philadelphia and London.

This volume for some reason came tardily to us; others of more recent date have received mention.

It is of so great importance on account of being the index number and furthermore the valuable material within its covers that some detail mention will be made. The presentation we give are abstracts or summaries of some of the clinics.

Clinic of Dr. Arthur Dean Bevan. Acute necrosis of the thyroid gland. Summary: A patient presenting symptoms of sepsis with signs of acute inflammation in the right side of the neck; diagnosis, difficulty of excluding thrombophlebitis of internal jugular; complete necrosis of right lobe of thyroid disclosed at operation; treatment by excision; after-history.

Clinic of Dr. Arthur Bevan. A rupture of the urethra. Summary: Patient giving a history of fracture of the pelvis with rupture of the urethra; development of a perineal abscess; operation—external urethrotomy by perineal route; plastic repair impossible in this type of case—after-history; importance of correct management of these cases from the beginning.



Clinic of Dr. Thomas J. Watkins. *Pe-rioeorrhaphy*—a simple and efficient operation. Summary: Principles of operation; technic employed—denudation—hemostasis—closure of wound; reasons for using this method of closure; advantages of approximating facial surfaces and of burying the sutures.

Clinic of Dr. George E. Shambaugh. Discussion of clinical problems relating to the faucial tonsils. Summary: The faucial tonsils and focal infection; the recognition of infected tonsils—types of tonsillitis—chronic infections; indications for removal of tonsils in children—in adults; technic of tonsillectomy—the anesthetic—position of patient—operative methods—control of hemorrhage; complications of tonsillectomy—hemorrhage, subsequent attacks of sore throat; injury to pillars, soft palate and uvula; lung abscess—possible causes; brain abscess and general systemic infection; local trouble in pharynx following tonsillectomy—dryness of the throat—neuralgic pain—changes in the voice.

Clinic of Dr. Herman L. Kretschmer. Hematuria and purpura. Summary: A case of painless, profuse hematuria—method of examination—demonstration of the pathology; analysis of the literature bearing on the relation of hematuria to purpura, on the general features of the disease, the differential diagnosis, common diagnostic errors, etiology and pathologic anatomy; complete bibliography.

Clinic of Dr. Charles Morgan McKenna. Presentation of three genito-urinary cases. Summary: Case I—Demonstration of a case of ureteral calculus previously operated. Case II—Varicocele—method of operation—after care. Case III—Stone in bladder complicated by a colon bacillus infection; history of case; technic of removal—advantages of a suprapubic cystotomy over a stone-crushing operation; treatment of bladder infections; closure of wound—necessity for careful closure in bladder operations. P. M.

#### JOURNAL OF DENTAL RESEARCH.

A new journal and one we wish suc-

cess. From the prospectus we glean the following:

A journal of stomatology, devoted to the advancement and dissemination of knowledge pertaining to the mouth and teeth, and to their relation to the body as a whole.

A research journal in stomatology and dentistry, without advertising matter.

To be supported by an endowment fund.

Edited by a large number of investigators in dentistry, medicine, and biology.

Editorial Office: College of Physicians and Surgeons, 437 W. 59th Street, New York City.

In order that the gist of each research to be described in this journal may be made promptly and effectively available to dentists and physicians, abstracts of each paper will be published, in the table of contents for each number, in practical terms for practical men. Summaries at the ends of the papers will show the scientific conclusions at a glance.

The Journal of Dental Research has been called, by one of its dental editors, "a strictly scientific research magazine—something entirely new in dental literature."

It publishes original research in dentistry and stomatology, and in the arts and sciences allied with and applied to them.

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#### AMONG THE REPRINTS, WITH ABSTRACTS.

The following reprints by Drs. Ardrey W. Downs and Nathan B. Eddy, of McGill University, will bear a careful study. They have a special physiological interest.

Secretin and the Change in the Corpuscle Content of the Blood During Digestion.

The Influence of Internal Secretions on the Formation of Bile.

Secretin: The Number of Red and White Corpuscles in the Circulating Blood During Digestion.

The Role of the Thymus Gland in Exophthalmic Goitre.

We have found much interest in a series of reprints sent to us by Dr. Nathaniel B. Potter, of Santa Barbara, Cal. They are: Streptococcus and Oral Sepsis; Human Glanders; Medical Supervision of Athletics Among Boys at Boarding School; Typhoid Spine; The Treatment of Four Severe Generalized Streptococcus Infections with the Combined Employment of Antistreptococcus Serum and Autogenous Vaccines; Sahl's Pocket Sphygmobolometer; The Vicious Circle in Oral Sepsis; Salvarsan in the Treatment of Double Infections, Tuberculosis and Syphilis; Cardiac Hypertrophy as Observed in Chronic Nephritis.

In the latter subject he says that probably many poisons affect both systemic arteries and kidney structure, and the same poisons very likely also irritate the heart muscle itself and so assist in the production of hypertrophy of its fibers. The frequent occurrence of aseptic pericarditis argues in favor of a direct toxic action on the heart. Hypertrophy has been noted in scarlet fever in four weeks. He says that the beneficial action of potassium iodide in arterio-sclerosis and nephritis is now credited to its action in diminishing the viscosity of the blood.

There here seems to be an explanation of a condition to which I called attention, but not suggesting a solution, why the autopsy did not always verify the bedside findings. I feel grateful to Dr. Potter for this opportunity of reading this reprint. He says: Both Dr. Oertel's impression and my own agree that in many of these cases of atrophic and normal sized hearts, patients come to autopsy in a very poor state of nutrition. Three explanations suggest themselves:

1. That the patient's power of nutrition was unequal to produce an hypertrophy.

2. That the disease developed too severely and suddenly to permit any such hypertrophy.

3. That the heart was originally

hypertrophied and had become later trophic.

In most of our cases more probably the last explanation was illustrated because of the coexisting atrophy of other organs.

The reprint on Ulcerative Angina is interesting as an occasional early symptom in typhoid fever.

There are two more of cardio-vascular interest, Diet in Cardiac Insufficiency, Some Clinical Examples of Low and Lowered Systolic Blood Pressure. We should have mentioned that the reprint on athletics has Dr. James Taylor Harrington as a co-author. Dr. Potter is professor of clinical medicine at Columbia University.

We have before us good reprints on War Neurosis by Dr. Hugh T. Patrick of Chicago; Brotherhood of Men and Nations by John D. Rockefeller, Jr.; Shall Disease Triumph in Our Army, by Major Louis Livingston Seamen. This is a plea for the reorganization of the medical department of the United States Army.

We have at hand the Third Annual Report of the China Medical Board and the announcement of the Johns Hopkins School of Hygiene and Public Health for 1919-1920.

The War and Precedents is a paper that was read by John H. Holliday before the Indianapolis Literary Club February 24, 1919. Mr. Holliday was formerly owner and editor of the Indianapolis News and is one of our foremost citizens and a prominent Scottish Rite Mason. We quote:

An Englishman said recently: "The great discovery of the war (that has nullified the work of two generations in Germany) is this: We have found that we can make a citizen a soldier with thirteen weeks of training." No! That is not the great discovery of the war. The great discovery has been the spirit and example of the United States. It is only the other day that we were absorbed in our own affairs, rotting in commercialism, our own and other critics said. We were charged by Ger-

many even, with being a nation of money grubbers, without honor or self-respect. We avoided entangling alliances as Washington advised when he said "Europe has a set of primary interests, which to us have none or very remote relation." A wise remark for the condition then. But time makes prediction a fetish. We awoke to the knowledge that Europe's trouble was our trouble and that Germany's success meant our destruction. Our patriotism flamed high and we paused not for self interest or precedent, but unsheathed the sword and leaped into the fray for humanity's sake as well as our own, and all our commanding power is pledged to that sacred cause. America will keep the faith in the new world.

The New World! That phrase has been upon everybody's tongue for many months. We are going to have one. All this overthrow of precedents and recasting of opinions means that. Just as we trace back the aspirations for liberty and justice to the bloody French revolution, so out of the welter of this horrible war will come greater freedom and opportunity to mankind. The world will be thinking in terms of internationalism rather than nationalism. That is where our Americanism is going to count for more than our active participation in the war. Whether meant by all of us or not the United States has given an example that has called forth the admiration and fired the imaginations of all the oppressed. It has impressed upon them the worth of a government that stopped at no sacrifice to preserve freedom and the right of self-government on the earth. The United States has given its brave sons and its wealth with no desire for territory or spoils, no motive but that of helpfulness to humanity. Was it not for this that God planted and built up this nation in commanding power, and will this example, such as has never been seen in the world before, have no effect, and be forgotten? It will influence mankind

Till the sun grows cold,  
And the stars are old,  
And the leaves of the Judgment Book  
unfold.

The war has demonstrated that science, invention, capability and efficiency do not produce civilization. All the successful handling of resources in the increase of wealth and the mental progress of a nation does not make men better, does not even make for justice and fair dealing. Absolute selfishness, such as Germany displays, and with which other nations are infected in a degree, is the state that made and maintains hell. Civilization is the growth of brotherhood and will not reach its climax until that is established among nations as well as among individuals. The material side of life is of small importance beside the spiritual in the well-being of man. Righteousness, not greed, is the solution of the world's misery, as the world must learn. When that comes, oppression will cease and the dark habitations of cruelty will disappear.

S. E. EARP.

#### HELP FOR PALESTINE.

In Palestine a serious food shortage has been averted, employment found for impoverished natives in the larger cities, and refuges opened for the homeless wanderers left in the path of war. The Red Cross Commission for Siberia continues its emergency work pending an international solution of the Russian problem. The needs are limitless. Nobody can tell when or how they will be met in full.—"The March of the Red Cross," in the February Red Cross Magazine.

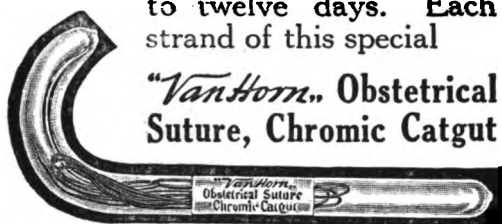
#### BEFORE AND AFTER.

"You poor boy," said the visitor after watching little Eddie eat. "You're starved, aren't you?"

"No'm," said Eddie. "I'm always starved before my dinner, but after I've had my dinner I'm only just hungry."—The Doctor.

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If you favor immediate repair, use our especially chromicized catgut prepared to hold seven to twelve days. Each strand of this special



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is threaded on a suitable needle, ready for instant use. Indispensable for your surgical bag. One tube in each box. Price, 25 cents each; \$3.00 per dozen tubes. No samples.

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## In Scarlet Fever

## and Measles

there is no procedure that will contribute so materially to a patient's comfort and well-being and, at the same time, prove so serviceable from prophylactic standpoints, as to anoint the whole body at frequent intervals with

## K-Y Lubricating Jelly

(Reg. U. S. Pat. Off.)

Itching and irritation are relieved at once, and the activity of the skin is maintained. So notable are the benefits that result from the use of this non-greasy, water-soluble and delightfully clean product that its use has become a matter of routine in the practice of many physicians.

In addition to being "the perfect lubricant," K-Y has also been found an ideal emollient, and in no way does it demonstrate its great utility more convincingly than in the care of the skin during the exanthematous affections.

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Absolutely sterile, antiseptic yet non-irritating to the most sensitive tissues, water-soluble, non-greasy and non-corrosive to instruments, "K-Y" does not stain the clothing or dressings.

Invaluable for lubricating catheters, colon and rectal tubes, specula, sounds and whenever aseptic or surgical lubrication is required. Supplied in collapsible tubes.

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# INDIANAPOLIS MEDICAL JOURNAL

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No. 6

## ORIGINAL COMMUNICATIONS

### THE WORK OF RED CROSS ORGANIZATIONS IN RELATION TO THE PREVENTIVE MEDICINE OF THE FUTURE.

By Sir Arthur Newsholme, K.C.B., M.D., of England.

It is difficult to give, as I am invited to do, in brief space and without the detailed reports of proceedings in which I took part, a clear conception of the conclusions reached at the extremely important International Conference of Red Cross Societies which was held in Cannes during April of this year.

I shall endeavor, however, to state the conception which gave rise to the conference and to give some of the conclusions reached by the experts in a number of departments of medicine on which are being based the initial steps for the organization of a new departure in Red Cross work.

It is unnecessary to remind actual Red Cross workers of the vast amount of beneficent work, rendered possible by the

gifts of possibly half the American population, which has been carried out by your agencies in the various belligerent countries. The record of saving life, of alleviation of suffering, and in other instances of prevention of greater suffering, is one calling for gratitude and congratulation. This work has been rendered possible by an unrivalled combination of trained and of relatively untrained workers. The trained workers were indispensable, but without the invaluable assistance of intelligent, previously untrained, voluntary workers, a vast amount of suffering would have been left unalleviated and unrelieved.

This work in the main has been directed toward the healing of the sick and wounded, but not entirely so; for most interesting and valuable work has been done among the civilian population of the belligerent countries, in providing medical assistance, in special work for the

(An address delivered at American Red Cross Headquarters, Washington, D. C., May 2, 1919.)

treatment of tuberculosis, in securing medical assistance and advice for mothers and their children, and in caring for those who have been rendered homeless by ruthless war. In America, also, Dr. Clark informs me, that around military camps in States in which public health administration is imperfect, an organization has been evolved, through co-operation between the Central Public Health Service and the American Red Cross, by means of which territories about camps have been "cleaned up," the risks of malaria and other communicable diseases, including venereal diseases, have been minimized, a good milk supply assured, and elementary sanitation established. It is evident, therefore, that already the Red Cross, when local sanitary arrangements were imperfect or in abeyance, has taken upon itself the burden of the emergency preventive measures as well as of measures of relief.

In so doing it has acted wisely. Preventive work is always more productive in results than relief work. It is also more economical. It is wiser as well as more humane to erect a parapet along the top of a dangerous cliff than to provide an ambulance at its base.

I do not, however, wish to give countenance to the notion that prevention and treatment of disease must be regarded in antithesis. The two are parts of a whole and not distinct and separate. This may be illustrated by two of the most serious diseases to which humanity is subject—tuberculosis and syphilis. Of these, tuberculosis is probably the chief producer of dependent widows and orphans; while syphilis, on the authority of Sir William Osler, must be regarded as third among the killing diseases. For the prevention of both of these diseases treatment forms an indispensable preventive measure. Every arrangement conducing to the comfort or recovery of the tuberculosis patient diminishes the risk of massive infection in his family; and the prompt treatment of syphilis by arseno-benzol preparations is the most effective means for securing his immediate disinfection as well as his progress toward cure. And

even when the elementary personal infection is absent, it can be argued with justice that the prompt and efficient medical treatment and nursing of the sick not only diminishes the duration of individual disability, but prevents the impoverishment and enfeeblement of other members of the same family.

But for an increasing proportion of the total sickness of humanity, total prevention is now possible, and I need scarcely cite the almost complete disappearance of typhus in western nations in peace time, the rapid decline of enteric fever, and the improvement in regard to a large number of other diseases. The number of preventable diseases is being steadily increased, as investigation progresses, and as our knowledge of the already ascertained laws of health increases and becomes disseminated among the general population.

It was, therefore, a happy inspiration of Mr. Davison, the President of the American Red Cross, which led to his calling together the International conference of Red Cross Societies at Cannes, with a view to considering means by which the world-wide activities of Red Cross workers might be utilized for the prevention of illness as well as for the treatment of sick and wounded mankind. It is a vision of the future which, I think, will have a great influence on the welfare of mankind, if, as I am confident will be the case—the conception fires the souls of the multitude of Red Cross workers and contributors in every civilized country, and leads them to determine against demobilization of their forces, and to continue their beneficent activities against the horrors of peace, which, in the aggregate, are even more serious to mankind than those of war.

The statement that the devastations produced by disease in times of peace are even greater than the loss of life from war, may be illustrated by the experience of England and Wales. In the four years, 1911-14, immediately preceding the World War, 2,036,466 persons died in England and Wales, while, according to official figures, the total loss of men dur-

ing the four and one-quarter years of war was 835,743, including 161,800 presumed dead. The war figures give the entire loss for the British Empire, but it can not be far from the truth to state that war on the gigantic scale of the war from which we have just emerged has killed in Great Britain about one-third as many as have died in the civilian population in a corresponding period. I do not lose sight of the fact that a large proportion of the civilian deaths occur in ripe old age, and that 28 per cent. of the total civilian deaths occur among the children under five, while those destroyed by war are adults and the most virile of our race. But the greater part of the deaths in childhood, as well as in adult life, before old age is reached, are preventable; and in the future will be prevented, given adequate research, intelligent and unsparing application of knowledge already in our possession, and an avoidance of the public parsimony which in relation to public health constitutes the most serious form of extravagance. That is the ideal which Mr. Davison and his collaborators place before us, and it was to devise plans to this end and to enlist the continued co-operation of all Red Cross workers that the conference was called at Cannes.

The conference held a number of general meetings in which the general policy to be pursued was discussed and then divided itself into sections dealing with the following subjects: Preventive medicine, child welfare, tuberculosis, malaria, venereal diseases, nursing, information and statistics. These sections were not selected as covering the entire ground of preventive medicine, but as forming branches of work in which early investigation and action appeared to be most desirable.

But first of all the lines of general policy was discussed.

It is evident that although measures for the prevention of disease constitute a definite governmental function—neglect of which is treason to the communal welfare—even in the more advanced countries our governing bodies have not lived

up to their potentialities. In scarcely a single sphere of its work can it be said of any government or of any local authority, that what could be done to prevent disease and to avoid human suffering has been completely accomplished. To say this is merely to express the imperfections of humanity, singly or the greater imperfections of committees and councils entrusted with the public purse and the public weal.

There is, and I think always will be, ample scope for supplementation of official work by voluntary workers, for the experimentation in new and promising work which it is so difficult to initiate in official circles, and for the undertaking of necessary work by devoted volunteers when public opinion and officialdom refuse to undertake it.

This disposes of the argument that Red Cross activities in the prevention of disease merely prevent the development of official work. The true object of all voluntary workers is to stimulate official public health work, and when in any sphere the latter is fully developed to welcome the disappearance or reduction of voluntary non-official work, or seek the new means of social help which are always waiting for devoted workers to initiate.

The conference agreed that the new work of the Red Cross would naturally divide itself into two parts: an international bureau and national organizations. The duties of these and their relation to each other will be more clearly seen in the light of experience. The international bureau in the scheme proposed for the consideration of the conference—which received general approval—would act as a great center for collecting information on various public health subjects, and for digesting it and subsequently distributing it by means of special publications, or periodical journals, or an application from those requiring specialized information. It would also act as a means of educating the general public on urgent problems affecting its welfare; and it would be utilized as a center, organizing in less favored com-

munities, missions which would undertake local investigations and remedial work. These surveys and activities would be intended rather as demonstration centers than as permanent organizations, the intention being to withdraw them as soon as the necessary work could be carried on by local Red Cross or other organizations.

It was suggested that the central bureau should comprise a number of branches dealing with epidemic diseases, tuberculosis, venereal diseases, child welfare, nursing and other subjects, collating and analyzing information and distributing it through the medium of the National Red Cross of each country.

Such a central bureau, it will, I think, be agreed, will be of the greatest value to all social and public health workers, while not clashing with any existent agency.

The proposed organization of Red Cross agencies for preventive work has already received an imprimatur in the draft league of peace; and it would be appropriate that its headquarters should be near if not side by side with the future home of that league. If it receives the full development for which we hope, it will form, perhaps, a chief instrument in securing peace and continued happiness for mankind.

The relation of the central bureau to National Red Cross societies will be one of mutual co-operation. The central bureau will provide information and facilities for national work; the actual work will need to be carried out in each country nationally and in the main from funds supplied by that country.

It is not intended that the National Red Cross shall undertake, much less compete with, work already being carried out either by local authorities or by existing voluntary associations. If, for instance there is a society concerning itself with child welfare, or the prevention of tuberculosis, or of venereal diseases the National Red Cross would naturally give such assistance as it could through its voluntary workers in this special work, while leaving untouched existing

arrangements. If no such societies existed the National Red Cross might advantageously assist in their formation, retiring as soon as the separate organization was working.

In countries in which official and existent voluntary agencies scarcely exist more active and continued direct work of the Red Cross organization will be called for, in such countries assistance may be needed from the central international bureau.

Evidently there are many points of central and national administration requiring and now receiving fuller and more detailed consideration; and all that need now be said is that it appears to me certain that international and national Red Cross organizations which will concern themselves with the prevention of disease as well as with the relief of suffering will be formed, and that they will have pregnant influence in hastening the reduction of human disease.

The second week's deliberations of the conference at Cannes were filled with meetings of committees of experts and more formal sectional meetings, at which lines of policy on certain specific subjects were formulated for the later deliberations of Red Cross societies in Geneva.

It is unnecessary to summarize in detail the scientific recommendations reached in various subjects. It may suffice, as indicating the wide scope of the field of work about to be surveyed, that among the more urgent problems of preventive medicine priority was given to advocacy of combined efforts for the prevention of the major pests of mankind, of the provision of laboratory assistance in the diagnosis of disease, and in securing more accurate vital statistics and improvements in public health legislation.

In child welfare work, the importance of health visiting, of child welfare centers, of an improved midwifery service, and of continuous observation of children under school age as well as scholars was emphasized.

In regard to tuberculosis stress was laid on the essential point that measures against this disease must embrace



the whole of the sick lifetime of the patient, and must include when necessary, measures for obviating the results arising from the fact that the partially recovered patient commonly is unable to earn an economic wage.

In the prevention of venereal diseases a similarly wide outlook was advocated, including the necessary social and moral as well as medical measures against their spread.

In the preceding brief statement I have endeavored to indicate the main outlines of the proposals considered by the Cannes Conference. My statements are merely those of a participator in the Conference; and it is evident that outside of the momentous decision to endeavor to retain mobilized the forces of Red Cross organizations and to secure their assistance in the great impending struggle against disease, no final decisions have been made. The growth of the central and of each National organization in the desired direction must necessarily occupy time, though I believe development will be rapid, once the great ideal is visualized clearly by Red Cross workers in each country.

I have referred in an earlier part of these remarks to the imperfections of governments, central and local, in the control of disease. These imperfections indicate one of the most promising fields in which voluntary agencies, like the Red Cross, can assist toward greater efficiency. Both local and central authorities are elected by the people themselves and the laws and regulations for the promotion of the public health—and what is even more important, the enforcement of existing regulations—depend for their efficiency on public opinion which we can all assist in forming. The natural tendency on the part of the social enthusiast who has been disappointed in his efforts at reform, is either to retire from the fight or to organize a voluntary organization having the same end in view. The last may sometimes be the best line to pursue, though in that case endeavor should be made to secure friendly relationship with, if not

also the active co-operation of, the local authority. But often the most hopeful plan is to fight the local elections and to secure the election on local governing bodies of men and women who will give these bodies no peace until the necessary reforms are secured.

If we are to be helpful we must be kindly and charitable in our criticism of local authorities. Nothing has made it so difficult to secure good men and women to undertake the burden of local government as the indiscriminating and uncharitable criticism aimed at those engaged in it. Criticism of members of our central and local governing bodies is not seldom deserved; but critics are too often those who will give no assistance in the work which, with insufficient knowledge, they vilify. When we hear of scandals in administration, let us have a sense of proportion, remembering the grosser corruption evidenced for instance in Pepy's Diary and especially remembering that the best way to remove corruption is by ourselves taking a part in the work of central or local government, or by steadily upholding those who are doing so with integrity.

The onlooker, whether it be on voluntary or on official work for the commercial good, has his duty to perform as well as the worker. It is his duty to make himself acquainted with local conditions and with local administration, even though he takes no part in it. A chief need at the present time is an interested study by every adult of all the phases of local administration in each district; and in my view Red Cross organizations will be rendering inestimable service to the community if they succeed in educating the public conscience to this effect. Increased local patriotism is urgently needed if the prospective fight against disease by the Red Cross Societies is to succeed, and if the further triumphs of preventive medicine within our reach are to be secured. To this end enthusiasm will need to be infused into official public health administration as well as into the work of voluntary agencies; and it is only by de-

veloping all the possibilities of our governing bodies as well as of voluntary societies and by securing the closest co-operation between the two that the new ideal of the Red Cross organization can be realized.

We are fortunate to be able to present the address of this noted man and upon so important a subject. Sir Arthur Newsholme has just come to the United States from the meeting of the Commit-

tee of Red Cross Societies of the United States, France, Great Britain, Italy and Japan, which has been in session at Cannes, France, for the purpose of formulating and purposing to the Red Cross Societies of the world an extended program of Red Cross activities in the interest of humanity.

This address was delivered in May, and we were able to obtain it for our current issue.—Editor Indianapolis Medical Journal.

### THE TREATMENT OF HEMOPHILIA\*

By D. C. Barnhill, D. D. S., Lafayette, Ind.

In choosing a subject for a clinic today, I have selected this one for the reason that the vast majority of us are weak upon this particular point.

In my opinion, most of us are too careless or indifferent toward our patients. We do not look for idiosyncrasies, but take it for granted that every patient is normal. When a patient presents himself for any surgical operation within our scope, usually for the extraction of one or more teeth, if we have reasons to believe that this patient is a "bleeder," and if we can relieve his pain without immediate extraction, the operation should be deferred for a few days and the patient put upon a preparatory treatment.

The following formulae of Prinz has proven highly satisfactory in the hands of many practitioners, including myself:

| R                      | Gm. or CC. |
|------------------------|------------|
| Calci lactate .....    | 6          |
| Syr. aromatic .....    | 30         |
| Aquae distillata ..... | 90         |

M.

Sig. a tablespoonful every two hours for 24 hours, the entire quantity being taken within that time.

If you use such a preparatory treatment as this, your chances of post-operative hemorrhage are materially less-

ened, but granting that you have used such a treatment or that you have not, and you have secondary or excessive primary hemorrhage either from one of your own cases or perhaps you may be called upon to care for a case upon which your competitor has failed. In such cases I employ the following treatment:

Where blood vessels within bony canals are lacerated and where it is inadvisable to use the cautery, you will find another of Prinz's remedies very effective—white wax seven parts, olive oil two parts, carbolic acid one part. Melt the wax and in so doing you sterilize it. Add two parts olive oil and one carbolic acid. Pour this upon cold sterile water which will cause the mass to congeal. Then take a liberal sized portion of the wax compound and with a suitable instrument or your finger or thumb force it into the canal, which will usually block the hemorrhage at that point. This remedy, as you will note, is both a therapeutical and mechanical one.

You won't find many cases where it is necessary to use the wax, but it is a splendid agent when indicated. Whether or not I have used the wax, I take a large pledget of cotton for each socket, one that is larger than the socket will accommodate, for two reasons. First, you are going to get a mechanical pressure there, and second, when it comes

\*Read before the Indiana Dental Association in May, 1919.

time to remove the packing, when you remove this one pledget from each socket, you will know that you are safe on that. I use Monsell's Solution for saturating the pledgets. Some of you may have been more successful with other hemostatics. I have used nearly everything available, but I have the greatest faith in Monsell's. Pack one of these oversized pledgets tightly into each socket. This treatment is usually sufficient, but for those persistent bleeders, in addition to the treatment just described, take a gauze napkin and wrap it around a piece of absorbent cotton. Saturate this with Monsell's Solution and place in the mouth over the cotton pledgets already inserted in the wounds. This roll of cotton should be sufficiently thick that when the jaws are bound together that there will be sufficient room between the anterior teeth to permit of the introduction of a feeding tube. Then by means of a Barton's bandage you render the lower jaw immobile. By so doing you know that you are going to have a constant and steady pressure against the affected parts and that your dressings are going to stay "put." Then you know that your patient isn't going to ram his fingers down his throat and draw out what to him is a disagreeable blood clot, but which to you represents a lot of time and sometimes worry.

Now put your patient on the calcium lactate treatment which I mentioned before and if the hemorrhage is not entirely controlled within a period of twenty-four hours, or, if you have reasons to feel alarmed about his condition earlier, call in a reputable physician and ask him if he will not administer for you, depending upon your patient, anywhere from 10 to 30 c.c. of normal horse serum. This is administered hypodermatically, the injection being made in the back at the insertion of the deltoid muscle. The dosage of horse serum is given by the manufacturers as 10 to 40 c.c. I have had occasion to use it a few times and I have used 30 c.c. each time on an adult, with positive results.

The packings described should be removed at the end of twenty-four hours. The only excuse for deferring their removal would be continued bleeding, which I have never seen, or if the physical condition of the patient is such as to render it advisable to defer their removal another twenty-four hours. While the packings are in position a good antiseptic wash should be used via the atomizer. When you remove the packings you will have a slight recurrence of bleeding which should easily be controlled by local application of Monsell's Solution.

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#### THE VOCATION OF A CHRISTIAN NURSE.\*

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Rev. Lewis Brown, Ph. D., Indianapolis.

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No more inspiring service has been held in Indianapolis this year, in spite of its sad character, than that which brings you into St. Paul's Church tonight. Jane Delano will have her historic niche among the great personages of the war. When the distinguished service cross was conferred upon her posthumously by the secretary of war he decorated the entire

nursing fraternity. No military leader upon the battlefield has purchased a more meritorious and lasting fame. In the white garb of a ministering spirit of cheer and consolation a nurse stands with the greatest of generals. Her post is hereafter a recognized part of all military achievement. No change could be more desirable or praiseworthy.

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\*Delivered at a memorial service for Jane A. Delano and Indiana nurses who died in war service.

The vocation of nursing is a development of modern times. The theory has been too common that any one could meet the situation. To think of it as a

profession, as scientific and equipped as others, has not dawned upon the general public until of late. Of course, there are natural traits that have inhered in such direction from the beginning of time. All honor to these practical exponents of such care that tended the race throughout the past centuries. Congress, in 1776, passed a resolution providing that the wages of nurses in the United States be augmented to a dollar a week. If it was augmented then what could it have been before? On April 7, 1777, the first provision was made for a matron having charge of nurses, one to every ten of the wounded soldiers at the munificent "salary of 24-90 of a dollar and one ration daily." It would seem as if this was a kind of "sop to cerberus" so insignificant it was and so little imbued with the real spirit of appreciation.

Aseptic surgery and bacteriology are two of the occasions which have built up a rational estimate of the profession. The Jesuit missionaries were our first medical men in colonial days and with them came the Sisters of Charity, who stood in the forefront in times of plague and epidemics in the new world. The first uniform was "a simple calico dress and feet slippers." A dispensary under the Sisters of the Holy Communion, instituted by Rev. Dr. Muhlenberg, paved the way to the present St. Luke's Hospital in New York City. During the civil war two hospitals, one at Chester and the other at Annapolis, were conducted by a community of Sisters from Baltimore. Dr. Valentine Seaman delivered the first course of lectures for nurses in New York, outlining physiology, anatomy and care of children. In 1873, at Bellevue Hospital, the first real training school was inaugurated. Later the Massachusetts General Hospital added its course. Then one year comprised that required. It is a far cry from such meager preparation to the comprehensive scheme of today. It is safe to say that the modern nurse eclipses the ancient doctor now to a vast degree. Many today are really physicians in embryo, although modestly disclaiming the title. Now four years is involved

in the program and the diploma represents efficiency in every respect. The Associated Alumnae of Trained Nurses in 1901 numbered 4,000, but now it must reach nearly 100,000, if not more.

In the general platform of the International Congress for Nurses in Buffalo appears this proposition: "To work for equitable legislative enactments regulating the education of nurses and protecting the interests of the public by securing state examinations and registration with the proper penalties for enforcing the same."

It is interesting to note the qualifications of a true exponent of nursing. Fidelity is easily first. Absolute heeding of the least detail ordered by the doctor must govern. In the face of objection and opposition upon the part of family, friends and the patient himself, every direction must be obeyed. As a soldier walks as his commanding officer decides, so a nurse honors her chief. It is this firmness which in a majority of cases presages return to health. For patients and well wishers are oftentimes the real obstacles in the way of recovery and a cure.

Sympathy is a god-like trait. The regard which is manifest that no money could purchase is productive of a devotion lifelong in character. Many a one callous to other influences has been won back to God and goodness by the tender thoughtfulness of these angels of the sick room. Their self-immolation to duty and words of cheer have made the atmosphere speak of heaven. No work is more meritorious. It is a divine service applied to the most vital of human needs. Sickness is a true bond stone of character. She who can meet its impatience and querulousness with equanimity has gone far in that ruling of the spirit which surpasses the conquest of a city.

This naturally conservation to the highest ideals stand uppermost. Jane Delano's life is conspicuous for such proof. Thirty-one years a nurse, a daughter of a hero of the civil war, she went everywhere doing good. When the sur-

geon general appointed her at the head of the Red Cross nurses abroad she had earned the place by years of enduring service. Thirty thousand nurses recognized her as the controlling factor in their decision to take part in the war. A fortune of \$1000,000 left to her was freely given for the cause that she espoused. Well may we place her name high among those who loved their fellow men. Edith Cavell reaped in that magnificent recognition from Belgium to Westminster Abbey and Norwich the gratitude of the English nation for a martyrdom that glorifies even the black-

ness of war. The United States counts it a privilege today to put a diadem of fadeless luster about the brow of Jane Delano, as a worthy sister upon these shores, who gave her all for the cause which she sacredly and continuously proclaimed. Names like these affect us

"As in some hour of jubilee

The gates of Paradise are thrown wide open

And forth comes in fragments wild

Such measures of unearthly melody

As odor snatched from beds of amaranth.

### THE PUBLIC HEALTH NURSING ASSOCIATION OF INDIANAPOLIS.

By Mrs. Irene B. Thornton, Indianapolis.

The public health nurse is recognized internationally as the first lieutenant in the medical field. It is conceded that the world war could not have been won without the services of this export in training camp and in the home field, and now she is invaluable in the reconstruction work in the devastated countries of the war zone. During the influenza epidemic the demand for her services far exceeded the supply.

The National Organization for Public Health Nursing works hand in hand with the United States Public Health Service, the American Red Cross, the National Society for the Study and Prevention of Tuberculosis, the Federal Children's Bureau, and all other recognized national health organizations. The Public Health Nursing Association of Indianapolis is a branch of the national organization, with which more than 2,000 similar branches are affiliated.

The nursing staff of the local nursing body are 100 per cent efficient—that is, they are graduates of a general hospital of at least fifty beds, are members of their alumna association and are registered in the state. This is a rule of the national organization and of all affiliated local branches. The nurses are under the supervision and instruction of a super-

intendent, who is a graduate registered nurse.

A public health nursing association is not a charity. One of its foundation principles is the payment of a fee whenever possible, by the patient, to cover the cost of a nursing visit. This plan helps to maintain the self-respect of the patient. When necessary, however, free or partially free service is extended to patients, just as the open wards of a hospital admit free of charge only such cases as are found unable to pay for their care. The nursing care is always under order of the attending physician.

This service is not for the poor alone. During the influenza epidemic, the value of these nurses was established in many well-to-do homes, accustomed to the services of a private-duty nurse, at a time when the private nurse could not be secured. The patients in these homes were highly pleased with the quality of this part-time service, received for an hour or two each day. The fee in the well-to-do homes is a little more than the actual cost of the visit, this making possible the same benefit in the home where no fees can be paid.

During the war the home field of nursing was depleted. Great numbers were assigned to military camp service, and

to Red Cross hospitals at the front; so that the influenza scourge found us in dire need of physicians and nurses. The staff of the Public Health Nursing Association were pressed to the utmost with calls from influenza patients, and consequently were obliged to neglect all chronic cases.

This emergency taught the local organization and others over the country that it is a great waste to give the expert service of a graduate nurse to household care. Scrubbing, bed-making, dishwashing, making the patient comfortable, can all be satisfactorily handled by a group of workers—called attendants—who need a very brief training. With tact, neatness, a quiet manner, and a moral sense, an attendant can in a few weeks be prepared to save the more valuable time of the visiting supervising nurse, so that her years of expert training may be more at the disposal of the overworked physician. The "attendant" will work under direct supervision of the public health nurse. The difficulty and danger of employing the so-called "practical nurse" in so treacherous a disease as influenza, for example, is that she often resents supervision, and attempts to diagnose and prescribe. The national organization has for some time recognized the need for the "attendant" service, and is accordingly arranging a standard to be offered to the local organizations. The Indianapolis nursing body hope soon to adopt this branch of service, in addition to its staff of registered nurses, so that another epidemic will find the city better equipped to prevent its spread.

Co-operation with all recognized organizations is an important feature in the policy of public health nursing bodies. The local association is co-operating with a large number of our most prominent physicians, one of whom says: "I consider the visiting nurse the greatest asset a community may have." Another one says that "the visiting nurse is a practically efficient sanitary agent and an indispensable aid to the work of medical and other health officers." Physicians new in the practice and in the community will

be interested in informing themselves of this branch of health work. They can reach the office between the hours of 8 a. m. and 5 p. m. over both phones, Main 1848 and Automatic 27-489. There is no office hour at night nor on Sunday. In an emergency a nursing visit is made on Sunday, but arrangements for the visit must be made the day before.

The association does the bedside nursing of the Marion County Tuberculosis Society; it supervises the nursing service of the child welfare nurses employed by the Children's Aid Association; it does the industrial nursing for several of our factories; it gives prenatal care to dispensary cases, and follow-up care to convalescent patients from the city hospital and the Robert Long Hospital. There has been for some time a demand for such service, on the part of physicians who want reports on their patients returning to homes unprepared to care for them. This home care often prevents a return of the patient to the hospital, and consequent expense upon the city.

Cases come to the Public Health Nursing Association from many sources—through neighbors, the family, charity associations and physicians. Of 304 cases reported for April, 1919, only four were referred to the organization by a physician, and yet there were 135 physicians attending these patients, showing the direct value of this nursing service to the medical corps. If more cases were referred by a physician the nurses' time would be conserved. She would not make so many unnecessary initial calls, it being the rule of the organization that she can not continue the calls except under the direction of an attending physician. This points to a need for closer co-operation between the physician and the public health nurse, that the greatest benefit may accrue to the community.

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#### FIFTY-FIFTY.

Another thing—when a lady walks the street leading a harnessed dog, which gets the most advertising?—Med. Sentinel.

## AN UNUSUAL METHOD OF SELF-ABUSE.

By Charles O. Lowry, M. D., Pasadena, Calif.

Physicians find out many things that are out of the ordinary in the course of events, and it was my time to learn of a new method of perverted sexual indulgence.

One morning a raw-boned "rancher" came into my office looking like he had just stolen a sheep. He informed me that he was guilty of doing something that he should not have done. Supposing that he had contracted some venereal disease, and seeking to make it as easy for him to finish his tale of woe as I possibly could, and remembering the fact that "none is perfect, no, not one," I discreetly sought to gain his confidence.

He was a big, healthy young fellow, about twenty years old, just at the age when sexual activities command more

attention than they should. He had quit his work the evening before, and in the seclusion and solitude of his room at bedtime, just the dangerous time and environment for sexual evil, he resolved upon self-abuse. He selected a small lemon seed about the size of an ordinary bean, and by inserting it in the urethra and manipulating it, he attempted to gratify himself. This lemon seed evaded his clumsy fingers, and slipped back into the fossa navicularis, where it stayed, and then swelling occurred about it until the urine passed only in a small stream, and at times dripped only.

He desired the lemon seed to be removed, and before I could do it I had to perform meatotomy.

## BOOKS AS A PALLIATIVE AND REMEDIAL AGENT IN THE TREATMENT OF DISEASE.

By Maud Walters, Indianapolis.

There are remedial measures which are too rarely recognized, and too, where drugs may be a help but not the foundation. We may call this psychology if we like, but to be explicit it is the art of excluding from the mind that which is disagreeable and harmful and substituting that which is good and pure; in other words, separating the dross from the gold.

We are all accustomed to hearing from the lips of physicians and others "the patient needs a change." Change of scene and climate no doubt proves beneficial where the patient is able to indulge himself in such an expensive luxury, but more often than otherwise lack of funds precludes any such adventure. We may not be able to travel or to have a change of scene in actuality, but by occupying the mind with the contents of books we may roam in fancy to all countries and climes, and travel through many and varying experiences which have entered

into the lives of others and are described by them, but perhaps, strangely enough, fit our case exactly.

The incidents portrayed by the author may be witty or abound in eloquence; sometimes historical or biographical; or perhaps philosophical or biblical. Perchance the author has found comfort in nature, from birds, and trees and flowers, that are as beautiful as the rainbow made by sunshine; so that books not only encourage with the glad-some things of life, but also bring thoughts of solace and comfort, almost holding within them a divinity, which assists the doctor in making us well or prepares us to profit by his advice—all contributing to eradicate the morbid condition which robs us of usefulness of mind and body.

Who, with an outlook seemingly hopeless, has not been quickened into renewed life and activity by the broad and cheerful optimism, the large hope and

the friendly comradeship of Walt Whitman—or it may be Tennyson, Bryant or Longfellow whom we delight most to read. The writings of such men seem to strike directly to the soul. We are not satisfied to read them only once, but re-read them many times. Melancholy no longer is the prison cell of the soul. Entering into communion with the beautiful thoughts of these writers it would seem as if they have taken us by the hand, and having led us far away from the slough of despond, have at last brought us into an elysium of happiness and content.

Of men who have been in contact with the vicissitudes of life and yet have shown a buoyancy of thought sparkling with encouragement, there is no better example than in the writings of Thomas Hood. In a letter which follows, one of the many which are to be found in the book, "Thomas Hood: His Life and Times," by Walter Jerrold, he tells with that inimitable play on words so characteristic of much that he wrote, the story of what books had done for him.

Let us read the letter:

"(From My Bed.) 17 Elm Tree Road, St. John's Wood, July 18, 1843.

"Gentlemen: If my humble name can be of the least use for your purpose it is heartily at your service, with my best wishes for the prosperity of the Manchester Athenaeum, and my warmest approval of the objects of that institution.

"I have elsewhere recorded my own deep obligations to literature—that a natural turn for reading and intellectual pursuits, probably preserved me from the moral shipwreck, so apt to befall those who are deprived in early life of the paternal pilotage. At the very least my books kept me aloof from the ring, the dog-pit, the tavern and the saloons, with their degrading orgies. For the closet associate of Pope and Addison, the mind accustomed to the noble though silent discourse of Shakespeare and Milton, will hardly seek or put up with low company or slang. The reading animal will not be content with the brutish wallowings that satisfy the unlearned pigs of the world. Later experience en-

ables me to depose to the comfort and blessing that literature can prove in seasons of sickness and sorrow; how powerfully intellectual pursuits can help in keeping the head from crazing, and the heart from breaking; nay, not to be too grave, how generous mental food can even atone for a meager diet; rich fare on the paper, for short commons on the cloth.

"Poisoned by the malaria of the Dutch marshes, my stomach for many months resolutely set 'tself against fish, flesh or fowl; my appetite had no more edge than the German knife placed before me. but luckily the mental palate and digestion were still sensible and vigorous; and while I passed untasted every dish at the Rhenish table d'hôte, I could still enjoy my 'Peregrine Pickle', and the Feast after the manner of the ancients. There was no yearning towards calf's head or sheep's heart; but I could still relish Head a la Brunnen, and the 'Heart of Mid-Lothian.' Still more recently it was my misfortune, with a tolerable appetite, to be condemned to Lenten fare, like Sancho Panzo, by my physician, to a diet, in fact, lower than any prescribed by the Poor-Law Commissioners, all animal food, from a bullock to a rabbit, being strictly interdicted, as well as all fluids, stronger than that which lays dust, washes pinafores and waters polyanthus. But the feast of reason and the flow of soul were still mine.

"Denied beef, I had Bulwer and Cowper; forbidden mutton, there was Lamb, and in lieu of pork the great Bacon or Hogg. Then as to beverage: it was hard, doubtless, for a Christian to set his face, like a Turk, against the juice of the grape. But eschewing wine, I had still my Butler, and in the absence of liquor, all the choice spirits from Tom Browne to Tom Moore. Thus though confined physically to the drink that drowns kittens, I quaffed mentally, not merely the best of our own home-made, but the rich, racy, sparkling growths of France and Italy, of Germany and Spain; the champagne of Moliere, the



Monte Pulciano of Boccaccio, the hock of Schiller, and the sherry of Cervantes. Depressed bodily by the fluid that damps everything, I got intellectually elevated with Milton, a little merry with Swift, or rather jolly with Rabelais, whose Pantagruel, by the way, is equal to the best gruel with rum in it.

"So far can literature palliate, or compensate, for gastronomical privations. But there are other evils, great and small, in this world, which try the stomach less than the head, the heart and the temper; bowls that will not roll right, well-laid schemes that will 'gang aglee,' and ill-winds that blow with the pertinacity of the monsoon. Of these Providence has allotted me a full share; but still, paradoxical as it may sound, my burden has been greatly lightened by a load of books. The manner of this will be best understood by a feline illustration. Everybody has heard of the two Kilkenny cats, who devoured each other; but it is not so generally known that they left behind them an orphan kitten, which, true to its breed, began to eat itself up, till it was diverted from the operation by a mouse. Now the human mind, under vexation, is like that kitten, for it is apt to prey upon itself unless drawn off by a new object, and none better for the purpose than a book. For example, one of Defoe's, for who, in his reading his thrilling 'History of

the Great Plague,' would not be reconciled to a few little ones?"

"Many, many a dreary, weary hour I got over—many a gloomy misgiving postponed—many a mental and bodily annoyance forgotten by help of the tragedies and comedies of our dramatists and novelists! Many a trouble has been soothed by the still small voice of the moral philosopher; many a dragon-like care charmed to sleep by the sweet song of the poet! For all which I cry incessantly, not aloud, but in my heart, 'Thanks and honor to the glorious masters of the pen, and the great inventors of the press!' Such has been by own experience of the blessing and comfort of literature, and intellectual pursuits; and of the same mind, doubtless, was Sir Humphrey Davy, who went for 'Consolations in Travel' not to the inn, or the posting-house, but to his library and his books.

"I am, gentlemen, yours very truly,

"THOMAS HOOD."

The above letter was written by Thomas Hood upon invitation to allow his name to be used as patron of a great bazaar arranged for the benefit of the Manchester Athenaeum—an institution which also gained the support by voice and pen of his friends, Charles Dickens and Douglas Jerrold. Hood's reply, which newly asserted his debt to literature, was printed and sold at the Bazaar for the benefit of the fund.

#### THE INDEPENDENT MEDICAL JOURNAL.

By George L. Servoss, M. D., Reno, Nev.

There have always been a lot of so-called independent medical journals in this country, but many of them have been little other than "so-called," for, in reality, they have been anything but independent. Some of them have been partly so, but they have lacked the the spirit that would make them wholly so, for they have, seemingly, been without backbone to disagree with the self-constituted and so-called authorities. Many of the editors of those independ-

ent journals have, seemingly, been afraid to say their souls were their own—many of them to even admit that they had such things as souls.

An independent medical journal, like another independent thing, should be just what its name implies. It should have a mind of its own and then, in the words of Teddy Roosevelt, "have the nerve" to give expression to the thoughts coming from that mind, and without the fear of any criticism that might

follow. Its editors should be, in the main, fearless, providing, of course, that what they might say should at all times be truth. Those editors should not be at the beck and call of any one but themselves and should remain absolutely independent any time and all the time.

There was a time, and not so very long ago, that the independent journal was not in the least independent, other than in name. It did not dare do or say one solitary thing which might not coincide with the ideas of the favored few who would "tell us what to do." The independent editors were all fearful, so it seemed, that if they did tell the truth something unpleasant might happen to them. When one man was endeavoring to bring about a just and democratic reform in the medical organization just one independent editor had the nerve to give him any space in which to bring his arguments to the eye of the physicians. And that editor was called so many varieties of fool for so doing that he lost count of the number. Nor would a single one of his brother independents so much as abstract what he allowed to be printed in his journal. They were afraid if they did that thing nothing but trouble would be theirs and they prophesied all sorts of dire things for that one poor forlorn editor who had the temerity to print "such a thing." But really, nothing happened to that editor, beyond a little fault finding on the part of those to whom the remarks of the reformer were directed. Those gentlemen knew that the doctor was telling the truth and they knew, further, that they could not take any exceptions to any part of the whole thing, without exposing themselves to worse criticism than that poor lone editor ever had an idea would come his way.

It is now about five years since the matter mentioned in the foregoing chapter happened. The editor mentioned "got by" so nicely with that little drive at the autocrats of medicine that he tried it again, and again did it work so nicely that he has kept merrily on ever since, and absolutely nothing has hap-

pened, other than that his journal has been creating more and more of an impression with its every issue. Of course he and his journal have been called names, which were not nice, but as he was invariably within the lines of truth, nothing worse could happen to him. But something has happened to other of the independents. Their editors have, some of them very suddenly, developed a vast amount of nerve and the things those men are saying really take the first mentioned man fairly off his feet at times, for sometimes they have not "been nice," you know.

It has been intimated, by some few people, that there is no place, under the sun or elsewhere, for that matter, for the independent journal. It has been classed with the things "indecent" and called a lot of other pet names. But there are others who contend, and we believe, very justly, that this class of journals have a place, a real place. If nothing else, they act as sort of balance, of counterbalance, if you prefer. Were it not for the independent journals we would have absolutely nothing in the way of democracy—and, sad to tell, there is very little of it at that in American medicine. The profession would be wholly and solely under the control of cliques, gangs and bunches and no one could imagine such a thing as fair play or a square deal. And the independent journals are really the "newspaper" of medical literature, for it is the independent that invariably gives us the first inklings of the later ideas and things connected with medicine. They do this for the reason that they are under no restrictions and so can publish what they please and when they please.

We believe that the independent journals give their readers better literary material than do any other current publications. They do this because they can pick and chose that which they print and do not print things simply because such is their obligation. And they publish, as a rule, more of a timely nature than do other classes of journals and all because they have the space at their

command to do so, and because they are under no obligation to publish one single, solitary thing, unless they so desire. We believe the independent journals give their readers better editorials than do those of the organization press, for their editors have no political or other axe to grind and so can and do tell the truth without fear of loss of prestige.

No matter what may have been said to the contrary, or what may be said in time to come, or how much fault may be found with the independent journals by those who would wipe them out of existence, those journals are going to live and grow in strength and power, until, finally, they will have brought about just reforms and placed American medicine where it should be, in the realms of real democracy and forever out of the hands of autocrats.

(The author of this article is editor of the *Western Medical Times*, a journal of progress and "pep."—Editor.)

#### GOOD FOR ONCE.

Avery Hopwood, the playwright, has often gone on record as opposed to the present efficiency expert craze, declaring that it is all bunk and nothing but an expensive fad. "But," he adds, "as in everything else, there are exceptions. There was Boggins, for instance.

"Boggins was a great efficiency man in the office, but even more so at home. Why, every time Boggins Junior was naughty, his father laid him on the floor and spread a rug over him, so that the beating would kill two birds with one stone as you might say."—*Los Angeles Times*.

We are reminded of the doctor who, it is said, did not desire to leave the banquet table when he was called in an emergency to see a patient in X street. He replied, "I will go later on and since I have another patient on the same street I can kill two birds with one stone."

#### APPLIED SCIENCE TO MONKEY.

It is said that in certain tropical countries the natives trap monkeys by a very simple device. If farmers would harvest

their own crops, the first precaution is to thin out the monkey population of the neighborhood. Knowing the peculiar traits of the creatures they must deal with, they bore a hole in a cocoanut just large enough to enable the animal to insert his paw. A small marble is then placed within the nut and the trap is ready. The monkey, who is greedy as well as curious, thrusts in his paw and seizes the marble, but the hole is too small to enable him to withdraw his hand as long as the marble is in it. Rather than drop his prize, he continues to hold on to it. He is still holding it when taken captive.

#### THE "BRIDGE" OF SHIPS.

We have heard much in the past eighteen months of the "bridge of ships" across the Atlantic; but now we know that in all the history of warfare there never has been a military accomplishment to be ranked anywhere alongside the thing that the United States—the peace-loving, unmilitary United States—has accomplished. In a little more than a year we had organized and dispatched, across 3,000 miles of the Atlantic that intervene between the shores of France and our own ports, more than 2,000,000 fighting men. Compared with this, the accomplishments of Napoleon—heretofore recognized as the world's greatest military genius—even his successful crossing of the Alps and his unsuccessful expedition into Russia, are as mere child's play.—From "Getting the Boys Across," by Edward Hungerford, in the February Red Cross Magazine.

#### CHEMICAL LOVE.

Said Atom unto Molly Cule:

"Will you unite with me?"

And Molly Cule did quickly retort:

"There's no affinity."

Beneath Electric light plant's shade,

Poor Atom hoped to meet 'er,

But she eloped with radical Base

And now her name's Salt-Peter.

—The Chemist.

# INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

## EDITORIAL

**SAMUEL E. HARP, M. S., M. D., Editor-in-Chief.**

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### RADIUM SUBSTITUTES AND DISCOVERY BY A FORMER BUTLER COLLEGE PROFESSOR.

Dr. Richard Bishop Moore, a former resident of Indianapolis and professor of chemistry at Butler College from 1905 to 1913, has discovered a substitute for radium. He is now connected with the United States Bureau of Mines.

Dr. Moore has been interested in radium for years. When a student at University College, London, from 1886 to 1890, he chose metallurgy as his specialty. He was an instructor in chemistry in schools in England from 1890 to 1893, when he became connected with the British museum. Dr. Moore left the British museum in 1895 and for several years studied in America. He received degrees both from Chicago University and the University of Missouri.

While at Butler College Dr. Moore continued his study of the metals, giving special attention to radium. In 1907 to 1908 he was in England, a pupil of Sir William Ramsay, famous British scientist, at the University College at London.

In 1913 Dr. Moore left Butler College and became affiliated with the United States Bureau of Mines. He had charge of rare metal work for the government, with laboratories and offices at Denver, Colo. Most of the ores from which radium is extracted are found in Utah

and Colorado, and he has since spent most of his time there.

Dr. Moore has named his radium substitute mesothorium. It will be used in luminous paints, airplane dials, compass and gun sights. The secret of the discovery is held by the United States government. Dr. Moore's father, a retired minister, lives at Martinsville, Ind.

Such is the story and essentially the history. Butler University has had some great teachers of science: Drs. Harvey Wiley, David Starr Jordan and Prof. Richard Bishop Moore are called to memory. Butler College has held its own for over half a century and stands for general culture, but in many colleges science ranks first.

Dr. Moore was a member of the Indianapolis Literary Club, before which he gave a lecture vivid and instructive on "Radiant Energy." "Radium," he said, "is everywhere there is substance. If you kick a lump of clay you are kicking radium. This piece of chalk I am using contains radium. This little watch case in my hand has a point of radium centered on a steel needle. It is worth twelve dollars and will give off light rays for twelve thousand years, etc." He talked for a full hour to an attentive group of forty men with ears open and eyes and minds of wonder! The writer moved that he be made an honorary member. He was soon dis-

covered by the United States Bureau of Mines. He was a happy illustration of science and imagination in one mind—a rare but great gift of the gods. All scientists are gifted with imagination and perfected by will and by industry. And thus do they body forth the forms of things unknown and give to airy nothings an everlasting habitation and a deathless name.

C. H. Viol, writing in *Science*, states that the total production of radium element in the United States down to 1919 is about fifty-five grams, which is probably more than half the total radium produced in the world. During the war, with no carnotite exports, the greatest part of the world's radium supply has been produced in this country. In 1918 the United States produced 13.6 grams. With regard to a discussion that has occurred concerning the amount of radium that can be produced from the carnotite fields, Mr. Viol says that the carnotite holdings of the Standard Chemical Company, which comprise about 350 claims and are the largest holdings under the control of a single concern, are estimated to be capable of yielding at least 500 grains of radium.

A. W. BRAYTON.

#### AIR SWALLOWING AS A FACTOR IN CLINICAL MEDICINE (AEROPHAGIA).

Frequent eructations are suggestive of neurasthenia and hysteria. Often there is a neurosis, but not necessarily so. There may be no odor which generally is air and not gas, and too, we must consider that swallowed air may come from the esophagus and not from the stomach. Thus we have the role of the aerophagist. Sometimes we observe nervous persons who belch often. It seems to be a habit; in fact, a tic. Others belch voluntarily because there is an unfortable sensation due to the swallowed air. Einhorne thinks that the frequent eructations from the esophagus, which are always preceded by acts of deglutition and accompanied by loud sounds, are identical with singultus and

result from a condition of irritation of the phrenic nerves and nervous belching may last days or years, but, of course, there are generally intermissions. It is fair to presume that seventy-five per cent of those persons who have frequent eructations do not suffer from stomach fermentation at the time, and in reality are aerophagists. We have not taken into the large field of pathologic conditions of the stomach because it is not now apropos in this consideration. However, if we will take into consideration the role of the aerophagist it will aid us in our physical examination, lead to a better diagnosis and give a more favorable expectancy for treatment.

We must also bear in mind that we often observe certain conditions of the respiration, heart, stomach and intestines which can thoughtlessly be attributed to fermentation, while in fact it is swallowed air.

Relaxed conditions of the throat, nausea from reflex cause, holding breath during a paroxysms of pain, then repeated acts of swallowing introduces air into the esophagus or the stomach, or both.

Sometimes it is not easy to convince a patient that he is an aerophagist, but even in what appears to be a serious heart condition such a person can easily get relief by being convinced. This is a subject that is not frequently discussed, but it is a very important

On May 24, 1919, the *Journal A. M. A.* abstracted from an article by G. Leven which appeared in the *Presse Medicale*, Paris, April 7, 1919, which has a bearing on the subject. Leven insists that clinicians fail to realize the importance of aerophagia in its effects on the stomach, heart and intestines as well as on the circulation and the respiration. When a person has complained for years of different dyspeptic troubles and yet his tongue and lips are red and moist and shiny, this testifies to profuse salivation. Inquiry elicits that the pillow is sometimes moistened with saliva at night. This sialorrhoea is a sign of aerophagia; the saliva is being constantly swallowed

and this fatigues and irritates the laryngeal region so that such persons like to wear loose collars. The sialorrhea, the sensitiveness of the neck, and the fact that the subject can not sleep comfortably on the left side are all signs of aerophagia, besides the actual swallowing of saliva and air usually done unconsciously, the chin drawn down on the chest. The swallowed air may be belched up or passed off by the intestines.

S. E. EARP.

#### THE PUBLIC HEALTH NURSE.

The public health nurse is recognized internationally as the first lieutenant in the medical field. It is conceded that the world war could not have been won without the services of this expert in training camp and in the home field, and now she is invaluable in the reconstruction work in the devastated countries of the war zone. During the influenza epidemic the demand for her services was far beyond the supply.

The National Organization for Public Health Nursing works hand in hand with the United States Public Health Service, the American Red Cross, the National Society for the Study and Prevention of Tuberculosis, the Federal Children's Bureau, and all other recognized national health organizations.

The Public Health Nursing Association of Indianapolis, a branch of the national organization, is at the services of our medical corps. An article in the original department of this issue by Irene B. Thornton describes its activities and the benefit that may accrue to the city of Indianapolis by a more general co-operation between this organization and the physicians of the community.

#### INCOMPATIBILITY OF QUININE AND ASPIRINE.

The combination of aspirine and quinine will produce quinotoxin and these agents are not only incompatible but are dangerous to the human organism. In The Indianapolis Medical Jour-

nal of May 1, 1916, we called attention to this fact in detail. Also the same was reported at the seminar of the University School of Medicine by the writer. On January 11, 1919, the Medical Record took up this subject and from the fact that proper recognition has not been given the incompatibility of quinine and aspirin we reproduce the editorial, which says:

Dr. Saenz de Santa Maria y Marron, writing in *El Siglo Medico* for October 12, relates that during a year's experience in the use of aspirin he has learned that the combination with quinine is an undesirable one. In giving remedies in combination we expect synergism in action, a result superior to that obtained by uncombined use. Failure to obtain a heightened effect is itself sufficient to do away with the combination. But in such combinations we may get failure of a higher type—either refusal of one remedy to act or else actual untoward result of some kind. The writer states that his expectation was often defrauded, and cites examples. There was one patient who was getting 25 cgms. of each drug three times daily, and who showed on the following day a severe tachycardia, restlessness and adynamia. The case was one of influenza, in which, in the author's experience, the heart frequency is by no means unduly great, by reason of some action by the grip toxin on the vagus. The possibility of an idiosyncrasy was dashed by noting analogous behavior in a series of other cases. The problem was taken to the pharmaceutical laboratory, and the evidence appears to show that under the catalytic action of aspirin in the stomach or blood the quinine was changed to a toxic derivative which was termed quinotoxin. This latter, an isomer of quinine, appears to be known to chemists, and it has the reputation of being able to cause death. The brevity and vagueness of the article prevent a complete visualization of the author's notions on the subject, but he is opposed to polypharmacy on the principle that while one remedy may potentize another in some cases, there is also

a danger that one remedy can denature another into a toxic substance. The lessons are plain, for every alleged synergistic combination must have this possibility excluded before use on man, and new substances must not be carelessly mixed with old ones.

I devoted two pages to this subject in the editorial columns of the Indianapolis Journal, May, 1916, and while I found that attention had been given the subject by the Druggists' Circular, the J. A. M. A. and the Public Health Service, yet to get a more complete report I wrote to W. A. Puckner, secretary of the Council on Pharmacy and Chemistry and chief of the chemical laboratory of the American Medical Association, and he replied as follows in a letter April 7, 1916:

"While it is established that quinine may be converted into a very toxic substance, from an examination of the investigations concerning this conversion I am inclined to believe that the danger from the simultaneous administration of quinine sulphate and aspirin is not great. If quinine sulphate and aspirin are mixed dry and placed in capsules it is possible that quinotoxin will occur, but even here I question if it is likely to go very far."

On this subject Wilbur L. Scoville read a paper before the Detroit branch of the American Pharmaceutical Association, which was published in the Druggists' Circular and in which he stated that by such a combination (aspirin and quinine) it was supposed that a death resulted in Detroit.

S. E. EARP.

#### BARBER SHOP, BARBER SURGEON AND BARBER POLE.

The sanitary laws of Indiana are fairly good and wholesome and for this reason the barber shops in Indianapolis, as a rule, present a good appearance. Our health boards insist that sanitary measures be given attention. It costs but little more and patrons are protected. The shops in Indianapolis can now be-

come more cautious in their sanitary work, since the prices have raised to forty cents for a hair cut and twenty cents for a shave.

Dr. A. W. Brayton handed me a clipping from the Interstate Medical Journal which has some points of interest. It says:

The criticisms which have hitherto been visited on barber shops in general have been of the same texture; a broadside of more or less truculent denunciation of the careless methods in vogue and of the gay insouciance of all barbers in the face of diseases which their inattention to the first rules of asepsis is the means of propagating. That our low opinion of the ordinary barber shop, especially as it obtains in this country, has been effective only in lashing us into a fine frenzy of indignation is common knowledge to all; but then it should not be forgotten that medical men, as a general thing, have too high an ideal to fit in with what legislators conceive as the practical side of life. Now though it is a fact that progress, on the lines which would make for the desired improvement in the matter of the proper care of customers when at the mercies of the barber, is not the heartening chapter some would have us believe, on account of what they have observed in the way of an improved cleanliness, all hope should not be abandoned; for though the recent occurrence in which Sir David Bruce, of the Royal Army Medical Corps, slapped the face of a barber's assistant, one Robert Meridith Roberts, for inflicting a cut on his face while concentrating his attention upon another customer, was not incited by a grievance against the insanitary condition of the shop, it has this to its credit that at last the docility of a customer has been proved to be more perishable than adamant; a view which is not entertained by the majority of barbers.

Despite the fact that the foregoing incident occurred in a place as far removed from this country as is Abergele, Wales, the lesson brought home to us is one that should be conned with consider-

able care, for the hero of the occasion was a medical man who undoubtedly knew the possible consequence of a cut received at the hands of a not too clean barber, and that a reprimand would fall only on inattentive ears. A medical man, generally speaking, is not the sort of hero who deems it absolutely necessary to get satisfaction immediately a wrong is offered him, and whether it be his science or his knowledge of the foibles of human kind that teaches him toleration, the fact remains that under the most adverse circumstances he is often an illuminating chapter in geniality.

Very often we quote the doings of the great surgeon Ambroise Pare and we wonder whether it is generally known that he was once an apprentice to a barber? We would like to see a picture of the shop over whose dignity Dr. Pare presided.

This brings to mind that barber surgeons were not without honor. Dr. F. H. Garrison, in his book published by W. B. Saunders Company, says: "If the church abhorred the shedding of blood, it is fair to suppose its aversion had the same human significance as the well-founded horror of hospitals and surgical operations which existed in the minds of the laity up to the end of the nineteenth century. As the physicians looked down upon the surgeons, so the surgeons of higher education looked down upon the barbers. The latter were trained for the purpose of bleeding and shaving the monks. In Paris in 1210 there were clerical barber surgeons of the long robe and lay barbers of the short robe, and in 1364 a royal decree forbid the latter to practice unless examined by the former, but in 1372 Charles V. decided that there be no interference and that lay barbers be allowed to treat wounds. The same thing happened in England in 1421, so barber surgery became wound surgery. It is true that the barber surgeon played the role of a dentist also.

Dr. Garrison says that the old time strife and rivalry had always existed between the physicians, surgeons and

barbers, with unabated fervor in the seventeenth century. When the barbers and surgeons formed one company in 1540 more trouble arose. The company of barber surgeons were permitted to have dissections in their own hall, but not elsewhere. These were open to the public.

We failed to find reference in Dr. Garrison's book of Dr. Pare as a barber surgeon, but we did find an important item in history, that the first judicial post mortem was made by Ambrose Pare in 1562.

Charles Walker of the Indianapolis News is an encyclopedia of knowledge and in answer to a question speaks of the stripes on a barber pole.

What is the significance of the stripes on a barber's pole? Please state whether a blue stripe may, should or should not be present and why.—The barber pole is a survivor of the days when all kinds of business were represented by pictorial signs, largely because ability to read was not general. An explanation of the barber pole is that it comes from the times when barbering was done by surgeons or physicians and when the practice of bleeding for all kinds of illness prevailed. The barber stripes, according to this explanation, picture the blood stain on white cloth so frequently to be observed after taking the bleeding treatment. The barber pole has nothing to do with national colors.

S. E. EARP.

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#### JANE A. DELANO, NURSE AND PATRIOT.

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There are different kinds of greatness and an avenue of pronounced importance was filled by Jane A. Delano, who was a patriot and her life was devoted to alleviating the suffering of others. She was a noble woman.

It is said that 18,000 of her nurses were turned over to the Medical Department of the army and she now rests with the other 110 nurses who gave up



their lives in the service of their country, in France.

Miss Delano resigned in 1912 from the Army Nurse Corps to devote her entire time to the Red Cross. She and her committee set about establishing the underlying principles of the nursing service. In those days to be a Red Cross nurse meant little if anything. They wished that this service should not only have a larger number of nurses, but that these nurses should also have the highest professional qualifications. So with cleverness and tact she traveled about the country speaking at training school graduations and state meetings of nurses, combining her steady and untiring effort at national headquarters with equally active field work.

In 1914 came the invasion of Belgium. Probably not one of the nurses who had enrolled in the Red Cross had ever dreamed that they, themselves, would be called upon for active military service. On April 7, 1917, the call sounded for nurses to follow the American Expeditionary Forces to France.

Miss Delano was born at Montour Falls, New York, 1862.

Graduated from Bellevue Training School for Nurses, 1886.

Accepted chairmanship of Red Cross Nursing Service, and appointed as second superintendent of Army Nurse Corps, in which capacity she traveled in the Philippines, Hawaii, China and Japan and was decorated by the Japanese government, the American Institute for Social Science, by Greece, and by President Taft in behalf of the Red Cross, 1909.

President of the American Nurses' Association, 1909-1912.

Resigned superintendency of Army Nurse Corps to devote entire time to the Red Cross Nursing Service, 1912.

Sailed for France on the S. S. George Washington, January 2, and died at Savenay, France, April 15 while on active duty for the American Red Cross, 1919.

The Red Cross Bulletin contained

tributes to her memory by President Wilson, Major General Ireland, Surgeon General Blue, former President Taft, Rear Admiral Braisted and others. The Bulletin editorially said:

Florence Nightingale served greatly, yet did not live to see the wealth of trained woman's care that served our army in France, which would have been the realization of a dream to her.

Miss Delano served that that dream might become a reality. Now having served greatly in her time, it is her hope for the future that Miss Delano has left us, as a trust, a hope so sure as to be a belief, that attack upon disease and suffering should be extended to their source; that, through education, unnecessary loss of health and life should be avoided, and that, in turn, there should be an ever-widening understanding and appreciation of the standards, the character and the spirit of nursing.

Miss Mabel Boardman closed an address in these words:

"Miss Delano once said: 'The Red Cross is my religion,' and in that religion, pure and undefiled, Miss Delano kept faith.

"Miss Delano has passed from our earthly vision, but the inspiration of her beautiful and noble character can not vanish from among us. She has left to us a splendid heritage. 'Spirits are not finely touched but to fine issues.' Across our spirits has swept the fine touch of her nature and of her achievements. As we love and honor her we can not fail her in the issues that come forth as we carry on the service to which she gave her life, leading us, as it led her, by

"The great world's altar-stars

That slope through darkness up to God."

She calls attention to a paragraph several times quoted by this journal:

"But a few years ago, in the great Cathedral of St. Paul's, England mourned one of her beloved dead, a woman of whom Longfellow wrote:

"A lady with a lamp shall stand  
In the great history of the land  
A noble type of good  
Heroic womanhood."

It refers to the divine Florence Nightingale and when we think of her in connection with England, in our own country it is Jane A. Delano.

#### Indianapolis Pays Tribute.

A memorial to Indiana nurses who died in military service and to Miss Jane Delano was held at St. Paul's Episcopal Church May 21. Four hundred nurses marched in the processional and standing room extended beyond the doors of the church. The nurses marched in the processional, and the church was crowded to the doors. The costumes of the Red Cross nurses in their blue capes, lined with red, were striking—graduate nurses in white, and training nurses in blue and white. Base Hospital No. 32 nurses, led by Miss Florence Martin, were in overseas uniforms. Two army trucks brought the Ft. Benjamin Harrison nurses to the city.

Dr. Lewis Brown, rector of the church, had charge of the services, and made a brief talk on "The Vocation of a Christian Nurse."

This address appears in the original department of this issue of the Journal.

Mrs. Peter Bryce read a paper on "The Life and Influence of Miss Jane Delano." She reviewed the life of Miss Delano from the time of her birth at Watkins, N. Y., in 1862, until her death April 1 at Base Hospital No. 69, Savenay, France. She told of a memorial service held for Miss Delano in Washington when Secretary Baker conferred upon her posthumously the Distinguished Service Cross.

Following Dr. Brown's address, Mrs. C. F. Neu read the names of Indiana nurses who died overseas or at home. As each name was read a wreath of flowers were placed on the reed screen by a representative of the hospital from which the nurse was graduated. The names were Miss Margaret Hamilton and Miss May Berry, Deaconess Hos-

pital; Miss Flora Ruth, Robert H. Long Hospital; Miss Grace Copeland, City Hospital; Miss Ethel O. Leach, Fletcher Sanatorium; Miss Florence LeClair and Miss Katherine Libka, City Hospital.

A Red Cross in flowers on a white background was sent by the Indianapolis Red Cross.

A quartet of nurses from Ft. Benjamin Harrison, which provided music, was composed of Miss Bertha Williams, Miss Frances Scoville, Miss Anna L. Alexander and Miss Clara Hegland. Nurses acted as ushers.

Miss Hamilton was the first American woman to die in war service overseas. She was in the British service and was buried in France October 15, 1915.

#### THE THERAPY OF BOOKS.

If cures are to be accomplished by books it would be difficult to determine the smallest dose that could be given without accomplishing any good or the largest dose that could be used without danger. Perhaps our literary pharmacopeia would be more complex than the one we now have and while science would have a role to play, empiricism would rank low in the scale because the experience of one person could not always be taken as a guide for another in the same condition. In the therapy of exercise it is a rule to stop while there is still evidence of exhilaration, but in the remedial help of books it is the antithesis of this method. If the prescriber's literary taste runs in a certain avenue it would not necessarily be a guide for the patient, perhaps less palatable, or peradventure an incompatibility.

However, we do know in functional diseases and particularly those of the nervous system and in preventive medicine, books have their place in therapy, although we may not have a fixed rule for the administration of the remedy. The influence of the mind over body has been discussed for ages, and if we ascribe a curative action to books, and, too, in some instances, the prevention

of disease it robs the Eddyites of a large share of their glory.

We preach diversion to a person whose mind runs in a monotonous channel, and diversion brings rest. When on the verge of the slough of despondency as described by Bunyan, Bryant, Longfellow and Jean Paul Richter, will give encouragement. In sorrow and sadness Tennyson, Browning and Whittier will bring peace and comfort. The old folk-lore and Riley takes us back to childhood and banishes gloom. Dumas is a panacea for sleeplessness and Shakespeare is like the old family doctor book, it has something for every ill. The greatest of all is the Bible—it is the vade mecum.

If the world seems tiresome John Ruskin can show the language of the leaf and blossom and the great debt we owe to nature and melancholy is wafted into forgetfulness and we become shamefaced.

Change of environment can accomplish wonders when we can take advantage of outdoor life and commune with William Cullen Bryant when he says, "the groves were God's first temples." But this is another avenue wherein the mind and soul, by change, can find rest. If such an opportunity does not offer we can find solace in books, and if we can go into meadows and dells, even then our books have the greatest value as an auxiliary.

In *Attitudes and Avowals*, published by John Lane Company, Richard Le Gallienne has a chapter on Books as Doctors, in which he says that the medical properties of books have long been known to the learned, and they are a favorite topic of old philosophers and students. That quaint old specialist on melancholy, Robert Burton, in his famous "Anatomy of Melancholy," extols reading as of all remedies the most efficacious. A good place to look for it is in Warner's Library of the World's Best Literature. We refer to the synopsis which speaks of it succinctly as scientifically exact. Melancholy is

treated as a malady and we find the seat. Nature, varieties, causes, symptoms, prognosis, and, too, the differential diagnosis. The source to which I have referred says that this is a remarkably learned and laborious work representing thirty years of rambling reading in Oxford University Library. Perhaps today it is only a literary curiosity and out of date with the learning of today, but it is none the less interesting.

To return to Gallienne. He quotes Burton as saying: "'Tis the best Nephenthe, surest cordial, sweetest alternative, presentest diverter." He gathers together kings, saints, poets, and Cardan calls a library "the physick of the soul," how Ferdinand and Alphonsus, kings of Aragon and Sicily, were both cured by reading the history, one of Curtius, the other of Livy, when no prescribed physick was of avail. He further says that Burton compares the Scriptures to an apothecary's shop wherein are remedies for all infirmities, purgatives, cordials, alteratives, corroboratives and lenitives.

'Tis folly to consider that even a small number of diseases exist in the mind or that we do not need the most scientific drug agents, but books will divert the mind from conditions that are prone to have a killing effect and with all methods and all else within the domain of materia medica and therapeutics, all of which should needfully be used with scientific skill, let us reserve just a little corner for the therapy of books.

S. E. EARP.

#### "WHY NOT IDEALIZE THE DOCTOR SOME?"

Such was the title of the poet Riley's tribute to the medical profession, which appeared in the old Indianapolis Daily Journal the day we followed the remains of Dr. W. B. Fletcher to his eternal rest in Crown Hill Cemetery, with the poet Riley as one of the pall-bearers.

Riley was a life long lover of Dr. G. W. H. Kemper of Muncie, Indiana, soldier of the civil war for four years and

for over fifty years the leading surgeon and physician of Muncie.

And why idealize the doctor in poetry? The answer came quickly enough to Mathew Arnold, who eulogized the greatest prose author and poet Germany produced. Of Goethe, poet, essayist, novelist and dramatist — author of "Faust" of "Wilhelm Meister," the world's greatest novel, Mathew Arnold wrote:

"He took the suffering human race;

He read each wound, each weakness clear;

And struck his finger on the place

And said, 'Thou ailest here and here.'

The poet Riley loved our profession and has immortalized its faithful followers in the poem, "Why Not Idealize the Doctor Some?" This poem of Riley's has gone round the English speaking world, and at once took a leading place among the great tributes to our profession, shared in alike by poet, essayist and novelist.

Indiana has had many physicians of whom the sentiment expressed by the poet Riley and published in the old Indianapolis Daily Journal on the day of Dr. Fletcher's funeral might well apply. His admiration of the physician is expressed in the "Rubaiyat of Doc Sifers," which was given after midnight before the Indiana State Medical Society of 600 physicians and invited guests.

The Indianapolis Medical Society gave this fifteen-hundred-dollar banquet and Dr. John Oliver raised the money by a month's devoted work among the physicians of the Indianapolis Medical Society and their friends. Governor Porter said it was the greatest banquet ever held in Indianapolis in numbers and in interest. With this banquet and the splendid Medical History of Indiana written by Dr. Kemper and published in 1911, we quote the name of our greatest poet and physician.

Dr. Kemper's three score and ten and then some, began in Rush County, December 6, 1839. As medical student with

Dr. Moodey of Greensburg he was reading medicine for a few weeks, and then off to the civil war with the first troops called out by Governor Morton, and was in the first battle at Philippe, W. Va. Then he enlisted for three years. Later he went through medical schools in Michigan and Long Island and for fifty years practiced medicine and surgery.

And now full of life and vigor, with no faculty impaired, he is serene and happy — exercising his remarkable genius for scholarship and more important for friendship. He surely illustrates the old hippocratic definition of the physician, "A good man skilled in healing." He has seen the two great wars of history. He had an infinite faith, a reverent hope, and thanks the Power by which he has worked and lived in the greatest century of history.

Dr. Kemper, physician, soldier, author, friend of peace and righteousness, stands as a representative of our profession.

No state in the Union has a better history of its medical men and its progress in medicine than Dr. Kemper's "Medical History of Indiana." It is still accessible, as Dr. Kemper has over one hundred copies remaining, and as the price is only one dollar, any physician may obtain a book from the author. The writer of this note wrote the introduction to Dr. Kemper's history—a labor of love and pleasure.

When Dr. Kemper comes to Indianapolis to visit his friends he frequently presents them with a valuable and interesting book. At one of these opportune visits he gave the writer a copy of the "Proceedings of the Charaka Club." Only 300 copies were printed and only for members of the club and their friends.

The contributors to the book are Drs. Pearce Bailey, John S. Billings, John W. Brannan, Joseph Collins, Charles L. Deaver, Apad G. Gerster, Ward A. Holden, Frederick Peterson, B. Sachs and Geo. F. Shradly. The one honorary member is Dr. William Osler.

A. W. BRAYTON.

**LOSS OF HAIR DUE TO INFLUENZA.**

Marsh in the Medical Times says:

The loss of hair usually begins in from one to four weeks following the original fever. In all of the cases seen by the writer the loss has been extreme, in one case one-quarter of a pound in one week; in another a half pound in less than two weeks.

Treatment has been limited to daily application of a stimulating lotion with vigorous massage. The following is recommended:

R Mercury bichloride .....gr. ss  
 Tr. cantharides .....m xxx  
 Chloral hydrate  
 Resorcin .....aa 3i  
 Castor oil .....gtt. xxx  
 Alcohol (70%) .....q. s. ad ʒiv  
 M. and apply daily to scalp.

As a rule the prognosis in these cases is good, but it is rather early to say much concerning prognosis in this particular group following influenza. In the younger patients it would seem to be good, as already in some new hair has been observed growing vigorously.

**TYPHOID VACCINES A POSSIBLE FACTOR IN APPENDICITIS.**

In view of the mortality statistics it is impossible to exaggerate the importance of early operation in appendicitis. Where operations are performed within the first twelve hours after the onset the danger is practically nil under the hands of a competent surgeon. This is conceded by all, but the delay comes not so much from an indisposition to operate as from failure to make an early diagnosis. There is a tendency to overlook the fact that the pain is observed first in the stomach and not in the region of the appendix; that the pain in the region of the appendix only manifests itself late in the course of the disease and that the pain precedes the nausea, which in cases of prompt operation, may not occur until after the operation has been performed. The increase in temperature is not of great importance, as it may or may not be present, though a slight increase is usually

observed. Leucocytosis is a positive symptom, but the findings may be rendered misleading by the presence of leucopenia before the onset of the disease.

The absence of leucocytosis in many cases of appendicitis in which there was well established inflammatory conditions of the appendix led Lieutenant Colonel Hugh McKenna (Surgery, Gynecology and Obstetrics, March, 1919), while chief of the surgical service at Camp Pike, to examine the blood of two hundred soldiers, apparently in good health, but all of whom had received triple typhoid vaccine injections. Forty per cent of the blood specimens showed a count of 7,000 white cells or less. This low blood count would be misleading to the surgeon, as a count of 9,000 to 10,000 in such a patient would mean a relative leucocytosis, which, as stated above, is an important point in the diagnosis.

Colonel McKenna has begun a study of the possible relationship between inoculation with triple typhoid vaccine and the onset of appendicitis, and the data so far collected, covering fifty cases, show that in a majority of cases a marked reaction follows the inoculation with the triple typhoid vaccine, and that this reaction seems to be a predisposing factor in causing an attack of appendicitis, particularly in the case of patients with a previous history of that disease. It is suggested that this reaction possibly causes some pathological change in the lymphoid tissues of the body, as many patients show an acute adenopathy in various parts of the anatomy, while some manifest marked tenderness in the McBurney region. Colonel McKenna specifically warns the reader against construing his remarks as indicating that he is opposed to immunization against typhoid and paratyphoid fever. He does suggest, however, that the reaction with its incidental dangers might be avoided by giving the vaccines in five or six inoculations instead of in three. It would be interesting to compare the effects of the ordinary aqueous vaccine with that of the typhoid vaccine in this connection.—N. Y. Med. Jour., May, 1919.

## ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators.

### ELECTRIC LIGHT IN THE TREATMENT OF INFECTIONS.

A. J. Ochsner's paper is to direct the attention of surgeons to the great value of electric light rays, especially because of their influence in controlling pain due to infection.

It is a well known fact that there is a marked physical difference in the wave lengths of different light days, and a difference in the length of waves caused by the heat obtained from heated objects and those obtained from light, and there is a corresponding difference in the depth to which these rays penetrate.

Four years ago when Ochsner suffered from a violent infection of the elbow, it became necessary to expose the ulnar nerve when the abscess was laid open. This gave rise to intense neuralgic pains which continued for many days without cessation, notwithstanding the use of wet and dry heat.

He applied an electric light apparatus and within an hour the pain disappeared, not to return.

During the past four years, however, he has had an opportunity to test this method in 78 similar cases of infection of the extremities, and invariably the pain has disappeared promptly. Sixty-one of these cases were infections of the upper extremity, and 17 of the foot.

He has had equally satisfactory results in the use of the electric light in treating peritonitis following abdominal sections for the relief of suppurating conditions such as appendiceal abscesses, perforated gall-bladder, etc., also in tuberculous and gonorrheal joint infections, in carbuncles and furuncles.

In case of x-ray burns the light treatment causes a rapid improvement of the condition, and one of his assistants who had an opportunity of treating many patients suffering from frozen extremities, said his results were much better with electric light than with any other form

of treatment. George W. Crile reported that in many French hospitals infected wounds are exposed to the continuous rays of ordinary electric light bulbs. He was impressed with the fact that there was a marked decrease in pain, and that wound healing progressed very satisfactorily under this form of treatment. The apparatus which Ochsner has found most useful consists of a simple reflector underneath which one or two ordinary electric light bulbs are suspended. The amount of heat can be carried by changing the bulbs to increase or decrease their candle power.—S. G. & O. No. 9, Medical Times.

The therapeutic use of electric light rays has proved efficacious at the Indianapolis City Hospital. In some instances in private practice a temporary frame can be made from a fruit crate and a 32 or two 16 candle power bulbs can be suspended from a cord so that the light centers, then over all is thrown a coverlid. Even from a low power we should avoid burns and fire. This method we have demonstrated in our bedside clinics. S. E. E.

### SUGGESTIONS.

Professor Bernheim.—Doctor Blum in *Le Progres Medical* gives an appreciation of the lately deceased authority on suggestion. He was a great clinician and medical philosopher, whose fame was world wide. Physicians from all parts of the habitable world have made pilgrimages to his clinic at Nancy. Here they were welcomed by a man of such simplicity and modesty that to the theatrical technique of many celebrities was formed an unusual and not unpleasant contrast. His notes were always dictated at the bedside and for forty years he maintained this custom without interruption. Every morning found him in the hospital at 8 and there he remained until noon. On many days he

returned later to watch an interesting or serious case. Bernheim as a result of these efforts was able at an early day to give a scientific foundation to psychotherapy and his priority in this field is undisputed. His hysteria, however, was not the phenomenon studied in the Salpêtrière before the eighties of the last century. A controversy between the two viewpoints developed and persisted for years. Bernheim, at first in the position of a rank outsider, predicted that his opponents would in time come to accept his views and this prophecy has been realized. We have not space to reproduce the essentials of the controversy, but Bernheim's treatment has been summed up in the term *desuggestion*, which at the same time throws light on his conception of hysteria. Commonly reputed as a hypnotist, he was in reality a believer and practitioner of suggestion in all forms of persuasion and reasoning in proper cases. For him sickness was not imaginary but visualized by imagination. But he was far more than a psychotherapist, for he wrote lucidly of typhoid fever, aortitis, cardiac asthma, uremia, grippe, and many other organic affections, and first of all he was traditional physician and well able to understand where suggestion begins to enter as a factor in pathogenesis. His last years were saddened by his own illness and by the war. One of his latest works, "Automatism and Suggestion," was written for psychologists. His best known rival, Liebault, supplied observations, but Bernheim furnished their rationalism.—Medical Record.

#### ERYTHEMA MULTIFORME.

W. H. Guy (Pittsburgh), Camp Travis, Fort Sam Houston, Texas (Journal O. M. A., Dec. 14, 1918), gives an account of an endemic form of erythema multiforme occurring at Camp Thavis in the months of February and March, 1918. Careful physical examinations showed nothing more than that nearly all had hypertrophied and inflamed tonsils. In addition to bilious manifestations there were certain phenomena common to all

infectious diseases in the onset of the attack in most cases, mild chills followed by fever lasting from fourteen to twenty-four hours. The temperature curve was irregular, showing a tendency to evening rise and morning remission. This, the author thinks, makes plausible the infectious theory of its etiology, and the presence of a hemolytic streptococcus in the inflamed tonsils makes it more so. Absence of organisms in the blood stream and skin lesions would indicate action of toxins rather than direct local action of the germs. The effect of tonsillectomy in streptococcus carriers is suggestive if not conclusive.

#### WHERE THE BLAME BELONGS.

The Indiana Medical Journal gives space to the following:

"It is gratifying to note that the Indiana legislature, at the end of the session, quit fighting and opposing public health work so vigorously and granted some liberal appropriations for this work. They accorded, for the state board of health, a division of tuberculosis, \$10,000 annual appropriation; a division of infant and child hygiene, annual appropriation of \$10,000; a division of rural hygiene, annual appropriation of \$25,000, and a division of venereal diseases, annual appropriation of \$29,000. The state board of health was also given an increase of \$2,000 for the laboratory of hygiene and \$5,000 annually for the baby book. Perhaps the legislature was trying, in a way, to atone for killing the highly scientific, practical and most important all-time health officer bill."

Yet, why not be fair to the statesmen? They no doubt would have passed "the highly scientific, practical and most important all-time health officer bill" had the doctors of the state presented a united front for it. But this the doctors did not do. On the contrary, there were a good many more of them on the ground fighting that measure than there were fighting for it. Indeed, the ratio was about four or five to one, and whereas the friends of the measure were content to urge its merits mildly, its enemies

were active, militant and threatening. For it jeopardized a few cheap, political jobs!

To the doctors of Indiana may be ascribed the defeat of the all-time health officer bill. The legislators, ignorant of the measure, naturally accepted the judgment forced upon them by the "profession" and defeated a measure which should have been passed. At another session, let us hope, the doctors of the state who really count will be on hand and assist in passing this really salutary measure. In the meantime let the blame rest where it belongs—upon the medical profession.—Ft. Wayne (Ind.) News.

#### PNEUMONIA.

The epidemic of pneumonia following influenza at Camp Logan, Texas, is the subject of a preliminary report by J. N. Hall (Denver), M. C. Stone (Springfield, Mo.), and J. C. Simpson (Hamburg, Ark.) (Journal A. M. A., Dec. 14, 1918). During a period from Sept. 13 to Oct. 8, 1918, inclusive, there were admitted to the base hospital 2,487 influenza cases and 416 cases of pneumonia following influenza. In all but fifty of the pneumonia cases the disease was typical lobar pneumonia. Approximately 18 per cent of the cases so far admitted have been fatal, generally by the seventh day. Cyanosis in these was rather prominent but not to such a degree as in the bronchopneumonia cases of last winter. Nosebleed was rather frequent, and a painful dry pleurisy without notable effusion was common in the serious cases. The sputum was usually red but less glutinous than the typical pneumonia sputum. Delirium was present so often that the patients had to be constantly watched in some instances. A few cases of bronchopneumonia presented no special features of interest. Three hundred and two sputums were examined for type and the great majority were Type IV. Influenza bacillus was found on post-mortem examination in one case. Statistics show that the Camp Logan base hospital admission rate was higher than

that at any other camp in the United States and the death rate the lowest. This latter the authors hold due to the care used to have all the sick sent to the hospital at once, every patient being given prompt attention.

#### THE PRUDERY OF THE PRESS.

All efforts to diminish the spread of venereal diseases have encountered as a real obstruction a peculiar prudery in the American press. In his recent work on "The American Language" Mr. H. L. Mencken calls attention to the fact that the department of health in New York City in 1914 announced that its efforts to diminish venereal diseases were handicapped because "in most newspaper offices the words syphilis or gonorrhea are still taboo and without the use of these terms it is almost impossible to correctly state the problem." The army medical corps in the early part of 1918 also encountered the same difficulty; most newspapers refused to print its bulletins regarding venereal disease in the army. "One of the newspaper trade journals thereupon," Mencken says, "sought the opinions of editors upon the subject and all of them save one declared against the use of the two words." One editor placed the blame on the postoffice, and another reported that "at a recent conference of the Scripps Northwest League Editors" it was decided that "the use of such terms as gonorrhea, syphilis and even venereal diseases would not add to the tone of the papers, and that the term vice diseases can be readily substituted." Mr. Mencken is of the opinion that the most Pecksniffian of American cities is Philadelphia, and he cites as a conspicuous example the change by the Public Ledger of the words "a virgin" to "a young girl." When the motion picture entitled "To Hell with the Kaiser" was advertised under government patronage, all of the Philadelphia billboards changed the announcement to read "To H—— with the Kaiser." Most of our readers know the numerous synonyms used by the press for syphilis, among them "blood poison-



ing," "social evil" and "social disease." Apparently the press has been unable to coin a word for gonorrhea and the subject is merely tabooed. The campaign against venereal diseases depends largely on education of the public. Is the prudery of the press to continue to hinder such education?—*Jour. A. M. A.*, May 24, 1919.

For twenty years in and out of print Dr. A. W. Brayton, one of the editors of this journal, has advocated calling "a spade a spade" so that the reader of the lay press may have a better understanding of syphilis and gonorrhea. Very frequently syphilis is camouflaged in print by the phrase "blood disease." This is indefinite and may include many diseases.

S. E. E.

#### A NORMAL SHOE FOR A NORMAL FOOT.

Can the shoemaker build a shoe that will keep normal a normal foot? And having built it, will the public be brought to see the beauty of the product? Not so many years ago we gave our admiration to the small, tightly laced waist. Today we laugh at it and tomorrow we shall be equally amused by the pencil-point toes and high heels that tilt the human foot to the angle of a horse's hoof. The war made low heels beautiful on Fifth Avenue, and consequently on Main Street; if it had lasted a little longer, women would, of necessity, have gone the whole way with the shoe problem. The shoes of the future will not be "prescription" shoes, they will not cater to deformities, but they will be built to conform to the normal lines of the foot.

The National Board of the Young Women's Christian Associations through the health division of the Bureau of Social Education, has started a drive to get this shoe for American women and to popularize it. The associations have all the health arguments. They have a national membership of four hundred thousand women to listen to them, but they can not get this shoe without the co-operation of the manufacturers and deal-

ers who make the shoes and determine the styles. To bring about this co-operation, a conference with leading shoe men was held recently at the National Board Y. W. C. A. headquarters in New York.

The manufacturers have a difficult problem, but not an impossible one. They must produce a low shoe, with a low heel and a flexible shank that will allow enough exercise of the muscles of the arch to keep them strong, a shoe with enough room for the toes and a straight inner border because the foot is naturally straight on the inner side. They must make the shoe attractive to the discriminating taste by using their knowledge of leathers to procure variety and fineness of finish for both day and evening wear. Will the shoemaker do it? When he does, the National Board of the Young Women's Christian Association will be back of him. Every woman who wants to wear the "normal line" shoe must be able to get it. All samples of shoes will be examined, an alphabetical list made, according to states and cities, of all the firms that carry these shoes.

This list will then be sent to local associations all over the United States, so that no one can say, "We would like to get these shoes, but we do not know where to find them."—Contributed by Harriet Wilde, director Physical Education.

#### THINGS OF INTEREST FROM THE LABORATORY.

It is now generally agreed among bacteriologists that the Pfeiffer bacillus is not the cause of influenza.

The most promising reports are from French bacteriologists, whose work seems to indicate that the etiology of influenza is an ultramicroscopic organism. Some other bacteriologists report the finding of spirocheta in the blood of influenza patients.

There are a number of diseases closely resembling influenza, the general nature of whose etiology may be determined when that of influenza is determined;

these diseases are distemper of horses and dogs, hog cholera, rinderpest of cattle, measles, polio and scarlet fever in human beings. Perhaps the essential nature of these organisms are entirely different in their cultural and biological characteristics from any bacteria we now know. Perhaps their discovery will depend upon some genius such as Ehrlich or Pasteur, who is not a bacteriologist.

It seems that the influenza organisms multiply very rapidly in the bodies of susceptible individuals.

The symptoms of influenza stimulate anaphylactic shock in its sudden explosive character. Some of the other phenomena of anaphylactic shock are present, as decrease in complement and a leucopenia.

There is a great deal of health teaching that emphasizes abundant health as the best protection against disease. In severe cases of influenza one feels that the human body sometimes overdoes disease resistance; e. g., so many bacteria are killed that the body cells can not neutralize the toxic proteids liberated from the bodies of the dead bacteria.

The time elapsing between the first cases and the epidemic in the army camps would be sufficient to so sensitize persons exposed to infection that when the massive infection occurred during the epidemic large numbers of husky individuals developed anaphylactic shock which broke down the defensive mechanism in the lungs against the pyogenic bacteria, and severe pneumonia developed.—Bul. Ind. State B. of H.

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#### MEDICAL VERSUS SURGICAL TREATMENT OF CANCER.

The above is the title of an article in the Medical Record for Feb. 1, 1919, by L. Duncan Bulkley, M. D., who is recognized as an authority on the treatment of cancer.

It evidently takes the greatest of skill to draw the line between a surgical and a non-surgical case. There is evidently

an important danger line that must be recognized. Dr. Buckley closes his article as follows:

In this article and in the volumes above referred to are recorded over thirty cases of cancer, among many others, in which the benefit of a properly regulated medical treatment was clearly manifested. Some of the earlier breast cases had been followed from 13 to 16 years, remaining perfectly well without operation; others were well from three to five years, and the two uterine cases reported in the second volume remain for almost three years with no recurrence, being still under treatment. The more recent cases have shown such steady improvement that it can hardly be doubted that, if they remain still faithful to treatment, they will ultimately recover. The fatal cases were mostly post-operative, but they also exhibited strikingly the benefits from this treatment in prolongation of life with great comfort. As far as I can learn from my notes none of the patients required or received any anodyne from soon after the time that they began treatment. When all this is compared with the ordinary course of cancer cases it does seem that we are on the right track concerning the treatment of cancer.

It is not claimed that the goal has been reached, or that the details of this line of treatment are complete. Laboratory and clinical study on the blood plasma, as well as on the secretions and excretions, will undoubtedly elaborate more perfectly the best plan of dietary and other treatment, and as other observers follow this plan of treatment there will doubtless be found a gradual reduction in the mortality of cancer greater even than has occurred in New York City during the first half of 1918. It is surely to be hoped that as "the real cancer problem" is fully solved there will be, under proper constitutional treatment, the same lowering of mortality that has occurred in tuberculosis under wise medical treatment. And as correct views of living prevail, the morbidity of cancer will decrease with its mortality.

## MEDICAL MISCELLANY.

### COLLEGE SEMINAR—A SYNOPSIS OF WAR TALKS.

The program, May 23, 1919, consisted of the war experiences of Drs. C. D. Humes, Lafayette Page and F. C. Walker.

Dr. Humes said conservatism was always the important factor to be considered. Unless there were pronounced symptoms the patients were sent home for observation. It was no place for experimental work. The spinal cord cases were not those for operation. Such patients, if operative, should be seen within twenty-four hours from the time of injury. There were thirty cases of palsy and twenty of musculo-spiral paralysis. Turnequets often were left on too long and did damage. There was but little surgery done.

Infection came from shrapnel wounds, those of the machine gun were clean. The X-ray would not always show bodies that had entered the brain substance. Wounds made by bullets that lacerate and tear the tissue were examined very carefully. Several months of observation were required before operations were made when condition was due to injured nerves. To diagnose a severed sciatic nerve was not easy. Some one has made the remark, don't be certain unless you can have the ends of a nerve between your thumb and finger.

In case of cord lesions the thing to do is to keep the patient comfortable.

Dr. Page said that gas warfare was influenced greatly by weather conditions. If the Germans had followed up their gas warfare they would have broken through the lines, but as it was they commenced before they were fully prepared, but if they had been able to continue the allies could not have resisted. In the meantime the allies perfected their methods. The first 560 of the wounded 200 were serious. Many died on the way in the ambulance. Autopsies were well conducted.

In cases of injury to the respiratory tract from mustard gas the nose was washed out thoroughly and inhalations

of medicinal substances used. Mustard gas was so penetrating that it would pass through clothing and blankets. This being true we can easily realize why there would be severe burns on palate and epiglottis and even in the frontal sinus. Burns of the respiratory tract were especially serious. English said that from the deep respiratory tract 40 per cent were fatal. There were not many deep burns of the larynx. There was some sloughing but even then many patients got well. Sometimes there was a loss of voice for weeks or months. When the patient was received the great damage at the outset seemed to be the eyes. We use for treatment boric acid and olive oil. When the eye symptoms passed away the respiratory conditions become worse. Very often a large serous exudate developed in 24 hours and suppuration 24 hours after infection. Large masses of necrotic tissue would be thrown off, then the spaces would fill up and there would be pronounced cyanosis—almost black, and seemingly hopeless. We kept the respiratory tract clean from green slough and then the cough subsided. However, if the patient could not expell the dead tissue such persons soon became unconscious.

Vomiting was frequently produced just like we often have seen in a child with croup and an exudate thrown off resembling that of diphtheria. We used guaiacol and menthol. When we could get the patient to expell this gangrenous tissue the condition would get better and the amount of bacteria would be less. Our favorite combination was camphor, menthol and guaiacol. We thus had an anesthetic effect for which the patient was grateful. Many cases having lung conditions in which there was quantities of lung tissue thrown off and hemorrhage, too, seemingly hopeless, and yet a great many of them got well.

There seems prevalent an impression that these cases to which I have called attention eventually have tuberculosis. It is not true. Out of 5,000 cases two developed tuberculosis, these were latent

conditions and the disease simply became active. No doubt the two tuberculous patients had the disease before entering the service.

Patients who had chronic diseases of the chest did not of course improve so readily and convalescence was more remote.

The Germans would first use a mild gas to draw the Allies on, then used a stronger one. There were many different gasses and consequently there were different effects. Sometimes there would be a pronounced effect upon the nervous system, then a localization in the eyes, spasm of the glottis was often produced but there was not much edema.

The presentation of Dr. F. C. Walker's subject related to surgery and was in the form of a well written paper. It will appear in the original department of this journal in July.

The attendance was large and there were many interrogatories to which the speakers of the evening responded.

S. E. E.

#### THE SPEEDWAY EMERGENCY HOSPITAL.

The speedway hospital is an important factor during the races. Doctors, nurses and ambulances are in readiness. There are also first aid stations.

The hospital is under the direction of Major Horace Frank Allen, and Miss Slaughter is chief nurse.

At the races, May 31, seventeen patients were cared for.

The doctors on Major Allen's staff were Harry L. Foreman, H. G. Morgan, Herbert Wagner, S. E. Earp, O T Scamahorn, Ernest Rupel, C S. Auble, E. O. Little, A. E. Ayler, H. R. Alburger, J D Miller, W V. Boyle, G S Orme, C J. Kirshman, E. C. Bachfield, E D. Lukenbill, N. R. Byers, R. G. Ikens, Wm Miller, Everett Aiken, H. W. Gants, Maurice McKain, John Morris, Richard Porter, E. E. Rose, B. B. Pettijohn, D. W. Foster Thomas V. Keene, Thomas Dugan and Carl Rudell. Some physicians were first aid assistants. Six were attached to each ambu-

lance and others were stationed at the main hospital.

Chief Nurse M. Slaughter had the following nurses on duty: I. Girton, M. Coffey, S. Miller, O. Shortly, J. Grey, F. W. Paine, F. Payton, E. Frank, Z. Payne C. Titus H. Norwold and H. Curry.

#### AIN'T GOD GOOD TO INDIANA.

By William Herschell.

Ain't God good to Indiana?

Folks a feller never knows  
Just how close he is to Eden

Till, sometime, he ups an' goes  
Seekin' fairer, greener pastures

Than he has right here at home,  
Where there's sunshine in th' clover

An' there's honey in th' comb;  
Where th' ripples on th' river

Kind o' chuckle as they flow—  
Ain't God good to Indiana?

Ain't He, fellers? Ain't He, though?

Ain't God good to Indiana?

Seems to me He has a way  
Gittin' me all out o' humor

Just to see how long I'll stay  
When I git th' gipsy-feelin'

That I'd like to find a spot  
Where th' clouds ain't quite so restless,

Or th' sun don't shine as hot.  
But, I don't git far, I'll tell you,

Till I'm whisp'rin 'soft an' low:  
Aint God good to Indiana?

Ain't He, fellers? Ain't He, though?

Aint God good to Indiana?

Other spots may look as fair,  
But they lack th' 'soothin' somethin'

In th' Hoosier sky an' air.  
They don't have that snug-up feelin'

Like a mother gives a child;  
They don't soothe you, soul an' body,

With their breezes soft an' mild.  
They don't know th' Joys of Heaven

Have their birthplace here below;  
Ain't God good to Indiana?

Ain't He, fellers? Ain't He, though?

It has frequently been our pleasure to reproduce the poems of Mr. William Herschell as they appear in the Indianapolis News. This one appeared May 31. Who will forget the Riley poem and its

illustration? No one with even an atom of memory. In his poems his heart seems to be in sight and love and sympathy penetrate our own and we feel good.

Just read Indiana again, this poem of home pride and thankfulness,

"Ain't God good to Indiana?

Ain't He fellers? Ain't He, though?

Mr. Herschell's proud of Indiana,

Ain't he kind to tell us so,

Ain't he, fellers? Ain't he, though?

S. E. E.

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**UNDER THE TRI-COLOR OF FRANCE  
LIES THE LAST OF MAJOR  
PAUL B. COBLE.**

Major Paul B. Coble has entered into that long sleep from which there is no awakening and lies in "God's Acre" in France.

He died May 11, 1919, and was buried May 13, 1919. All the particulars are not now known save that it is a tragic problem whose solution will be left to the accountants around the throne.

At the time of his death Major Coble had charge of base hospital No. 80 in France.

Major Coble entered the medical officers' training camp at Fort Benjamin Harrison the first of June, 1917. He served in the hospital there, then at Camp Zachary Taylor, Ky., and later at Allentown, Pa. He went overseas in September, 1918, and was promoted to a majority while in service with the base hospital.

Major Coble was born in 1883 in Frankfort and graduated from the Central College of Physicians and Surgeons of Indianapolis in 1905. At the time he entered the service he was assistant professor in the Indiana University School of Medicine.

He was a member of the county, state and national medical associations, and also a member of the city hospital and dispensary staffs, of the Phi Beta Pi fraternity and a collaborator of the Indianapolis Medical Journal. We have frequently published original articles written by him; one on Surgical Therapeutics and the report of a Case of Argy-

rosis which were quoted quite freely by other journals. Dr. Coble was married but had no children. Mrs. Coble was Miss Mary N. King, daughter of Mr. and Mrs. J. R. King, 1940 N. Delaware street.

The character of his disposition and his close relation with teachers and students at the college made him a silent teacher among them—he was their friend. Thoreau said, "Think of the importance of friendship in the education of men. It makes a man honest; it will make him a hero; it will make him a saint. It is the state of the just dealing with the just, the magnanimous, the sincere with the sincere, man with man."

Dr. J. F. Barnhill, speaking in appreciation of the character and professional attainments of Major Coble, said, "He was associated with me in practice for fifteen years. Much of that time he lived at our house and grew to be like one of our own family. We feel his death as keenly as if one of the family circle had been taken. He was a fine surgeon, ethical and square in all his contacts, and competent in every way. His patients liked him. In his comparatively short career he had risen to a commanding position in his profession and in my opinion was one of the leading throat surgeons of the country.

"He made as great a sacrifice as many physicians who went into service from Indianapolis or Indiana, being one of the first to offer himself. I expected him back within a very short time, having reason to believe that he would arrive late this month or early in June. Preparations had been made for him to resume his old office, and we fully expected that he would be back in practice within two weeks."

Paul Coble's friendship was in a line with an expression of Henry Churchill King, "So far as I can see, the basis of friendship must be fourfold: integrity, breadth, and depth of personality, some deep community of interests, mutual self-revelation and answering trust; and mutual self-giving."

His friendship was firm, true and unwavering. Many persons gauged him

from different viewpoints, but all as a friend full of sincerity. To his friends he is now lost except in memory, but his good deeds will equal time.

Shiller said, "We can never replace a friend. When a man is fortunate enough to have several he finds that they are all different. No one has a double friendship."

I heard Dr. Coble respond to a toast at the Severin hotel during a banquet given by the Phi Beta Pi fraternity and like all other times his heart seemed in sight. There came from his lips words of cheer and encouragement. When he met a friend the handclasp was earnest and warm, his facial expression was full of brightness and so earnest were his muscles in action that his eyes often partially closed when there was present a pronounced smile of good cheer. Several times I have thought how fittingly the words of Emily Dickinson would apply to Dr. Coble anywhere that was graced by his presence:

"The thing that goes the farthest toward  
making life worth while,  
That costs the least and does the most,  
is just a pleasant smile.  
The smile that bubbles from a heart that  
loves its fellowmen  
Will drive away the cloud of gloom and  
coax the sun again.  
It's full of worth and goodness, too, with  
manly kindness blent—  
It's worth a million dollars, and doesn't  
cost a cent.  
There's no room for sadness when we see  
a cheery smile;  
It always has the same good look—it's  
never out of style—  
It nerves us on to try again when fail-  
ure makes us blue"

Those who knew Dr. Coble seemed to know him well and feel that he was the most genial of companions. Constantly there comes to my mind in connection with the life and companionship of Dr. Coble the almost divine sentiment of Lucy Larcom, "Every true friend is a glimpse of God." S. E. EARP.

## THE U. S. PUBLIC HEALTH SERVICE CLINIC.

This clinic is held at the Indiana University School of Medicine building in connection with the dispensary department. It has so increased in importance that clinics are now held each day and evening, except Saturdays. It is under the directorship of Major W. F. King of the state board of health. There is an average of 1,500 treatments per month. Dr. Frank W. Cregor is chief of the professional service. The other physicians are Drs. H. F. Crossen, H. B. Hulse, P. J. Birmingham and George Willeford.

This clinic was established as a result of the congressional appropriation of one million dollars for the eradication and control of venereal diseases. The patients are entirely independent of the regular dispensary clinic.

A certain number of wards in the city hospital are utilized when patients refuse treatment and it becomes necessary to hold them under surveillance. The college is furnished a good organization, building and equipment, and are doing a great service for the government and humanity.

## SOLDIERS INSURANCE CAN BE REINSTATED.

We have had a few interrogatories from physicians concerning government insurance. A dispatch with the date of May 26, states that there is a new ruling on the subject. It permits nine months to elapse before the insurance of a service man is canceled because of nonpayment of premiums.

Premiums on government insurance are due on the first day of the month following discharge, and such payment may be made at any time during the month. If this premium remains unpaid an additional two calendar months is allowed in which past due premiums may be paid. At the end of this ninety-day period insurance will be regarded as lapsed for nonpayment of premiums.

If before the expiration of the three months following the date of discharge a service man pays up his premiums, his

insurance will continue uninterrupted, and his own statements that he is in as good health and as sound physical condition as he was at the time of his discharge will be accepted without confirmation by medical examination.

At the end of this three months' period policies are regarded as lapsed for non-payment of premiums, but six months is allowed in which insurance may be reinstated on payment of the aggregate of premiums due and the submission of a physician's certificate that the applicant is in sound physical condition.

#### MINE RESCUE CAR FOR INDIANA AND ILLINOIS.

The needs of Indiana coal miners will be looked after as they should be. There will be a car for first aid rescue work in mine disasters. The car will be stationed at Terre Haute to be used in Indiana and Illinois. There will be a rescue training school at Vincennes which will be fully equipped with all kinds of rescue paraphernalia and there will be trained instructors. The auto rescue truck is now at Vincennes. Much credit is due Representative Bland, who obtained the appropriation. When a test was made in a railroad tunnel in Washington recently Mr. Bland wore an oxygen helmet.

Men unconscious from gas will have a better fight for life and the occupation of coal mining will be a less hazardous one.

The rescue car is equipped with helmets, white mice, canary birds, bandages and other paraphernalia used in rescue work. Classes will be trained in rescue work, and interest is expected to be increased in the competitive tests which have been held in Indiana under the auspices of the government. Franklin K. Lane, secretary of the interior, and V. H. Manning, director of the United States bureau of mines, accompanied the car as far west as Cleveland. One of these cars has been on exhibition in Indianapolis.

#### MAJOR GEO. D. MARSHALL'S ITINERARY.

Dr. George D. Marshall, who has been a regular contributor to this journal, has

returned from military service and will establish himself in X-ray, clinical laboratory work and will manufacture splints and braces. His office will be at Kokomo, Ind. The following is a resume of his military career:

He made application for commission June 10, 1917, and reported for active service at Fort Benjamin Harrison September 15, 1917. He was assigned to duty at Camp Taylor September 24, 1917, as camp Orthopedic surgeon, organizing the orthopedic service at that camp. Assigned to Camp Joseph E. Johnston as Orthopedic surgeon April 8, 1918, organizing the Orthopedic service at that camp. Many recruits unfit for full military duty were assigned to this camp on account of its being a quartermaster training camp.

Ordered overseas duty July 22, 1918, and landed in England August 11, and assigned to duty with British Orthopedic hospitals. On duty at Shepherd's Bush, London, August 20 to November 14; Royal Victoria Hospital, Nethy, November 14 to December 23; Alder Hey hospital, Liverpool, December 23 to March 22; also sent to Rochampton House, London, to study artificial limbs, and to Edmonton hospital to study fracture of femur. Entered service as first lieutenant, promoted to captain December 22, 1917, and to major July 25, 1918. Discharged from service at Camp Dix, N. J., March 25, 1919.

#### TWENTY-FIFTH ANNUAL HEALTH OFFICERS' SCHOOL.

The Twenty-fifth Annual Health Officers' School was held under the auspices of the Indiana State Board of Health at Indianapolis, May 5 and 6. Over three hundred were in attendance. The following notice from the state board of health explains the why and wherefore of the health officers' school:

"To Health Officers—This conference is a school for the study and discussion of questions pertaining to your duties as a health officer. Your community is paying your expenses and has a right to expect you to attend the sessions, to

take part in and to be benefited by this school. The conference begins at 10 a. m. on Monday, May 5, and ends with the close of the session Tuesday afternoon. Certificates of attendance can not be given out until the close of the last session."

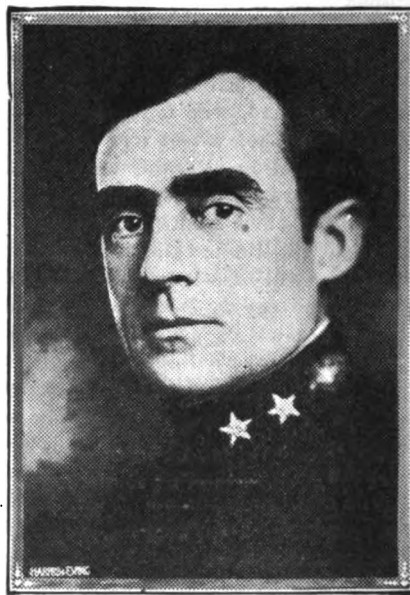
The school was made extra notable on account of the presence of Hon. Peter Bryce, minister of health of the Dominion of Canada; Hon. Charles Hastings, medical health officer of the Province of Toronto, and Dr. Lee K. Frankel, president of the American Public Health Association. The secretary of the American Public Health Association, Mr. A. W. Hedrich, an ex-Indiana health officer, now resident of Boston, was also present. Mr. Hedrich is a young man who left East Chicago a few years ago to attend the Harvard school of hygiene at Boston. He was quickly recognized as having unusual abilities, especially as an organizer. He also rose rapidly in his classes in the school. In four short years he was made secretary of the well known international health society, known as the public health association. He was enthusiastically received and honored by his former workers in the public health cause in Indiana.

The first session began Monday, May 5, 10 a. m., and from that hour with brief intermissions for luncheon and dinner, the work went steadily on. The third session, 8 p. m., May 5, calls for extra mention because of the two illustrated lessons. "The Burden of Feeble-Mindedness," was presented by Mr. Amos Butler, secretary State Board of Charities. "The Fight Against Venereal Diseases" was given by Dr. W. F. King. The last address was followed by the moving picture in four parts, entitled, "Fit to Fight." It takes one hour and a half to run these four reels and they constitute remarkable, not to say wonderful presentation of four prominent phases of the prevention of venereal diseases. Professor B. D. Myers of the medical department in the state university, gave a remarkably lucid lecture upon "Heredity and Public Health," which brought forth

many questions. "War Neuroses" were told about by Dr. C. D. Humes of Indianapolis, ex-major U. S. Medical Corps. "The Army Surgeon and His Health Work," was presented by Lieut.-Col. George B. Lake, commanding officer U. S. general Hospital No. 25, Fort Benjamin Harrison. Lieut.-Col. Lake was formerly health officer of Wolcottville, Indiana, and as such he made such a thorough cleaning up of the town as to incur the displeasure of all the peanut politicians within its borders. Lieut.-Col. Lake was enthusiastically received by the health officers, many of whom were in the state service at the time he was acting.

#### ORGANIZE TRAINING CORPS TO PROMOTE HEALTH OF WOMEN.

Notables of the army and navy are extremely enthusiastic over the newly organized United States Training Corps for Women, which aims to build up the health of women the nation as much



**CARY T. GRAYSON, M. D.**

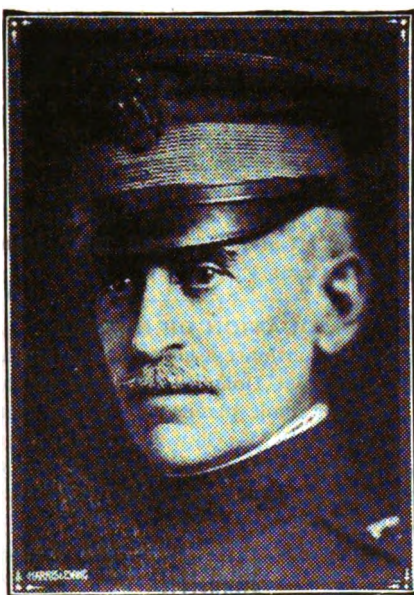
(Photo copyright by Harris & Ewing.)

as the young men of the country were built up and rendered physically fit at the training camps.

On the board of directors of the new



organization are such celebrities as Cary T. Grayson, M. D., admiral of the United States navy and medical adviser to President Woodrow Wilson; Dr. Rupert Blue, surgeon general of the United States public health service; while the advisory board lists among its members Enoch M. Crowder, United States provost marshal general; Brig. Gen. J. F. Kerr, adjutant general of the United States war department, and James MacDonald, Jr. M. D., major in the United States medical corps.



ENOCH M. CROWDER.  
U. S. Provost Marshal General.  
(Photo copyright by Harris & Ewing.)

Prominent personages are sponsoring these training camps. Any one who is interested can obtain literature from national headquarters, U. S. Training Corps for Women, 624 S. Michigan avenue, Chicago, Ill.

The U. S. Training Corps for Women—the new national organization for women, which has for its motto "Better Health for Women," and aims to give American women the same sort of physical upbuilding as the government gave its prospective soldiers at its army can-

tonments—is endorsed in the highest terms by Enoch M. Crowder, U. S. provost marshal general, who is on its board of directors.

Provost Marshal General Crowder says of it: "I like your system of giving outdoor exercises to every woman, and I like also your system of bringing every child in our public schools out in the open air for fifteen minutes' exercise. It's splendid!"

During the summer of 1919 the U. S. Training Corps for Women hopes to establish summer recreation camps for women and girls outside many of the large cities and there to give the girls exercises and drills which will upbuild their health and send them back to their work at the end of a pleasant vacation refreshed and invigorated, ready to take up their daily routine with new enthusiasm and clear heads.

Admiral Cary T. Grayson, admiral in the U. S. navy and personal physician to President Wilson, is acting as general medical director to the U. S. Training Corps for Women, the recently organized national body commanded by Miss Susanna Crocroft, international health authority, which has for its object the betterment of the health of American women. Dr. Grayson accepted the appointment during 1918 at the time the U. S. Training Corps for Women was getting on its feet in Washington, D. C., and when its membership consisted almost altogether of the 3,500 women war workers who were holding semiweekly drills on the Ellipse near the white house under the supervision of Miss Crocroft and the seventy-five army officers who were detailed to assist her. Now that the U. S. Training Corps for Women has been established as a permanent organization which expects to greatly broaden the scope of its work and to conduct summer recreation camps for women outside a number of the big cities of the country, Dr. Grayson will continue to act as general medical director and all of the camps will be under his supervision.

**DR. SARAH JACKSON DEAD.**

Dr. Sarah C. Jackson, age seventy-seven, died at the Indiana Odd Fellows home at Greensburg, May 11. She was a resident of Jeffersonville, Ind., for more than fifty years and was known as a remarkable woman.

Left an orphan early in life she had few advantages of education, but several years after her marriage to Dr. Vincent D. Jackson, a dentist, she took up the study of medicine when his health failed, and on her fiftieth birthday anniversary was graduated from the Central College of Physicians and Surgeons at Indianapolis.

Mrs. Jackson was born at Vienna, Scott County, Dec. 20, 1841, and was married April 19, 1860.

She was one of the principal organizers and workers of the Crusade, which, in the late seventies, made a strong bid for temperance here, and she preached in and at the saloons with fervor. Mrs. Jackson was active in the Daughters of Rebekah and was grand president in 1892-93; was a leading worker in the Woman's Relief Corps of the Grand Army of the Republic; taught the colored inmates of the old state prison, south, for twelve years, while her husband taught the white inmates; was an active worker in the Methodist Episcopal church and in the Women's Christian Temperance Union; was grand counselor of the grand lodge of Good Templars, and was active in several other lodges, frequently attending a grand lodge meeting in all of them.

Childless herself, Mrs. Jackson adopted four children at different times, including Delos Jackson, of Washington, Ind.; Mary Monroe, now Mrs. Mary Hart, of Louisville, and Ida and James Demaree, children of T. B. Demaree, a noted temperance worker, with whom she was associated and whose children she took when their mother died.

Mrs. Jackson also was one of the promoters of the Odd Fellows' home, where she died, and was for a time president of its board of trustees.

**DR. JOHN L. GLENDENING GONE TO VLADIVOSTOK.**

First Lieutenant John L. Glendening, M. C., of Indianapolis, has gone to Siberia, under orders to join the American forces in the far east.

Lieutenant Glendening is one out of about fifty physicians now serving in the army that have been selected by the surgeon general to join the American troops in Siberia and Russia. The party is scheduled to leave San Francisco this month and will report for duty at Vladivostok.

Lieutenant Glendening volunteered for the service in Siberia in response to a call from the surgeon general. Lieutenant Glendening was graduated in 1918 from the Indiana university school of medicine, and last August received a commission in the medical corps. He was first assigned to the base hospital at Camp Meade, Md., and later transferred to Camp Eustis, Va.

**GRADUATION OF NURSES.**

The graduation exercises of the Methodist Episcopal Hospital Training School for Nurses took place May 28 at Meridian Street M. E. Church. The address was by Superintendent Charles S. Woods and the diplomas presented by Edith Emily Mitch.

Class Motto: "To be, rather than to seem;" class flower: Marechal Niel rose; class colors: Blue and gold.

The graduates are: Mary Pauline Floyd, Florence Randel, Marie Barr Besseleman, Lefa D. Wright, Sara Miller, Mae Himes, Ila McCarty, Marie E. Cash, Christina Deen, Helen Myers, Grace Ramsey, Luella Abbott, Alberta Jones, Mary Drake, Edith Sauer Viola Biggs, Sylvia Power, Grace Beatty, Mary Banta, Hortense Cree, Bessie E. McDowell, Etta Rae McLain, Gertrude Davis Mary E. Darnell, Bessie Patton, Jane Morgan Mary Catherine Jordan Frances Moss, Anna Browning, Mabel Frances Bennett, Norma Cole, Reba Mae Price, Flora E. Farden, Lesta Knotts, Faye A. Wallace, Leila Cordrey, Josephine Hardy, Kate F. Abernathy, Florence K. Hutchens, Ruth

E. VanOver, Naomi B. Zeller, Mabel Anne Cook, Della V. Rankin, Anne Yelton.

Thirty-one nurses graduated from the City Hospital Training School for Nurses June 4, 1919.

This is the largest class ever graduated from the school, and from the present outlook there is reason to anticipate that they are going to make their influence felt, as two are in institutional work; another is considering such a position; one will take an advanced course in bacteriology; medical social service has the attention of another; Cupid has used his arrow effectively with one, and so each has her ambition, and may they all be realized, and may these ambitions make for the betterment of humanity, and may each glow with the spirit and enthusiasm of the profession, and strive to be an example, and to carry high the torch of service and enlightenment in whatever path she chooses to walk.

The class has been most delightfully entertained by the nursing staff of the hospital, the Alumnae, and the intermediate class. The festivities closed with a dance in the Riley room of the Claypool.

The first class book of the school has been gotten out by this class: "The Anamnesis," and may it live year after year, and may each class feel the responsibility of its importance.

The members of the class are, Jessie Watson, Rubis Tripp, Genevieve Bohnstedt, Mary Ambrose, Esther Swindler, Ora McKnight, Emma Frank, Lillie Moore, Helen Curry, Bitha Sellers, Catherine Brown, Mary White, Mabel Robards, Zola Payne, Margaret O'Neil, Martha Crews, Florence Payton, May Elmer, Lucile Austin, Margaret Newsome, Cloe Ray, Ruth Gable, Clyde Titus, Eunice Grubaugh, Ramona Haynes, Grace Jenkins, Mary Lybrook, Lillian Lieber, Lena Benson, Florence Blevins and Valeria Thomas.

Dr. Edmund D. Clark of Indianapolis made an address on the occasion of the eighteenth annual commencement exercises of the Union Hospital Training School for Nurses at Terre Haute, Ind.

Dr. O. O. Alexander, president of the hospital staff of physicians, presented diplomas to the following members of the graduating class: Mary Elizabeth Jellison, Terre Haute; Myrtle Grace Tiffin, Vermillion, Ill.; Ina Evelyn Whitney, Farmersburg, Ind.; Blanche Louise Coombes, Cairo, Ill.; Ruth Forbes, Farmersburg, Ind.; Vera Clayton Benson, Chrisman, Ill.; Ella McDaniel, Terre Haute.

#### INDIANAPOLIS MEDICAL SOCIETY.

Columbia Club, Tuesday, May 5, 1919.

Meeting of the Indianapolis Medical Society.

The regular program was preceded by a dinner. All doctors who had been in federal service were guests of the society. Ninety-three accepted the invitation and were present.

Dr. James H. Taylor introduced a resolution to establish semi-monthly meetings of the society and to alternate scientific and social programs. The attention of the society was called to the unconstitutionality of such a departure and no further action was taken.

Colonel Ed Clark, who commanded base hospital No. 32, was the first speaker. He regretted he had not prepared a manuscript or notes, but pointed out the difficulty of so doing. He described the difficulties and hardships of establishing the base hospital which did not long remain as such, but which was soon changed to an evacuation hospital. It was started with 500 beds but was rapidly expanded to 2,150 beds. This was possible only by utilizing all available space such as corridors, garages, tents, etc. The death rate was 1.3 per cent and during the time it was used as a base hospital they returned 96 per cent of their casualties to the front line.

He called attention to the religious use of antitetanic serum and said only two cases of tetanus developed. He found it poor surgery to remove extensive areas around wounds and it was not necessary to amputate in gas infections. Wounds so infected were deeply incised and Carroll Daken solution used. This solution

was abandoned when it could not be longer obtained. Found results just as good in the use of other solutions. One serious mistake was the packing of wounds too tightly at the first aid stations. These tight dressings caused great pain on removal and lowered the vitality of the injured tissues.

Primary closures of wounds were soon left off. As soon as a satisfactory bacteriological count was had secondary closures were made and were eminently satisfactory. The joint infections were opened and drained and this was also satisfactory.

He complimented the work of all the men on his staff and particularly called attention to the work of Capt. Guedel on anesthesia and Capt. Beeler on X-ray examinations. Col. Clark spoke his appreciation of the opportunity to speak before the society and concluded it was a fine big thing to have been in, but a finer one to be back home again in Indiana.

Major A. B. Graham said in discussing his connection with the Lilly Base Hospital:

"When a physician accepts a commission in the United States army and receives orders to report for active service—this does not necessarily imply that he will be assigned to a duty that meets with his approval and that will be invariably to his liking. It matters not how displeasing an army order may be, it is recognized as good and sane practice for said medical officer to exert every possible effort—superhuman if necessary—in an endeavor to see that it is obeyed. It is likewise regarded as good practice in the army for the medical officer not to attempt any open discussion of said order with the ranking officer by whom it was issued. This we call discipline and good army discipline implies obedience.

"That errors in every department are possible, in a large army mobilized quickly, can not be denied. That there were some errors in the assignment of medical officers in the recent war can not be denied. The one regret is that

some of these officers who were unfortunately—I can not believe intentionally—the victims of said errors, have failed to eliminate their own personal equation or grievance when discussing the work of the medical department as one big organization. Criticism of the department—based wholly on an injustice to this or that individual has not been infrequent. If we will but allow ourselves to reflect seriously—if we will glance backward over a period of some two years—we can not do other than admit that the medical department of the U. S. army, all things considered, performed a great and grand work. It was regarded as the best organized and equipped of all the departments in the overseas army. If we study the medical department as an organization and understand fully the work it accomplished—our commendation will cause the isolated criticisms to be soon forgotten.

After describing some of the inconveniences to which the personnel of Base Hospital 32 were subjected, the speaker told of the conversion of five large summer hotels into hospitals. The original equipment of 500 beds was rapidly increased until 2,100 patients could be cared for in an emergency. This city of ours does not have a hospital that compares with Base Hospital 32 as to completeness in equipment and the result was we were able to do most efficient work. As in all army hospitals it was demonstrated that system alone tends to efficiency and each and every member of B. H. 32—officers, nurses, and enlisted men—played his or her part well and willingly.

We operated first as a base hospital and it was at this time that we did our best work, and our records show 96 per cent. back to duty. Then we operated as a semi-base and semi-evacuation hospital. We had to have beds for any emergency. We would receive 200 to 500 patients tonight and the next morning we would be ordered to evacuate a like number to the interior. This receiving and evacuation work having to be performed with only a few hours notice, was our most trying work.

Our patients came as preoperative and postoperative. Some came from the trenches with first aid dressings applied by themselves or by comrades. It might be correctly stated that they were "shot to pieces" and yet no matter how badly wounded they were, I cannot recall of an instance where a groan was heard. All were soldiers and possessed the stuff that makes a real man. Of all the soldiers we cared for, and at one time we had fourteen nationalities in our hospital, I bow to the doughboy for whom I have the profoundest respect. He was a real fighter, a real patient, and his work is responsible for the early termination of the war.

Up to January, 1919, B. H. 32 cared for 9,685 patients, 5,383 were surgical. We had 118 deaths, of which 58 were surgical, 46 deaths were from pneumonia. These 9,685 patients were cared for in eight months, which means that our hospitals were comfortably filled most of the time."

#### MEETING OF THE INDIANAPOLIS MEDICAL SOCIETY.

Tuesday, May 20, 1919.

Meeting was called to order by Dr. H. E. Gabe, acting as president during the absence of Dr. C. F. Neu.

Minutes of the previous meeting were read and approved.

Dr. F. A. Walker was elected to membership in the society.

The council sent in a divided report on the application of Dr. J. D. Moschelle. An undecisive vote on this application was had and on motion it was sent back to the council for further consideration.

Dr. Jane Ketcham made a plea for funds and support of the plan for building hospitals in Servia and Armenia.

A motion was made, seconded and carried that the society indorse the movement and that the council be instructed to vote such money from the treasury as was available.

Dr. Tomlin spoke against the promiscuous giving of funds from the society treasury and advised an individual subscription.

Dr. Arthur Guedel read a paper on

"The Third Stage of Anesthesia." Abstract follows:

The literature to date mentions four stages of anesthesia. The first or stage of analgesia; the second, the stage of excitement; the third, or surgical stage, and the fourth, which represents the period following respiratory arrest and death.

Modern anesthesia requires a sub-classification of the surgical stage, and in this essay I shall bring out this classification together with anesthetic guides by which we can determine the depth of the anesthetic at any time. In presenting these signs I wish to call attention especially to the eyeball and its significance. Many anesthetists claim to be able to determine the degree of anesthesia present by the respiration alone. This can not be done with any degree of accuracy. It is no longer sufficient to know that the patient is safe from immediate accident. One must now maintain the lightest possible degree of surgical anesthesia consistent with the requirements of the operator. In other words, he must obtain an entirely satisfactory operative state for the surgeon with the least possible amount of ether administered. The following classification, I am sure, provides for better anesthesia from the standpoint of both the surgeon and the patient:

I have divided the third stage of anesthesia into four strata. The proper place to carry the patient in practically all cases is in the upper or first stratum of this stage.

The respiration of the patient as he or she passes from the second stage to the third stage in the induction of the anesthesia is exaggerated and rythmical. It is this sign that we depend upon to mark the transition from the stage of excitement into surgical anesthesia. The respiration is exaggerated here and remains exaggerated down through the first, second and third strata of the third stage. The beginning of respiratory depression marks the passage from the third stratum to the fourth and this depression is progressive through the fourth stratum until it is entirely ar-

rested, which marks the end of the third stage and the beginning of the fourth. This is the respiratory curve with anesthesia going down.

The respiratory curve presented with anesthesia coming up is the same in the three lower strata of the third stage, but the upper stratum presents a curve resembling very closely the going down curve of the fourth stratum, reversed, of course. It is difficult or often impossible, judging by the respiration alone, to say whether the patient is in the first stratum or the fourth; whether the patient is just ready to come out or to go out. But here the eye signs come to the rescue.

Little or nothing has been said heretofore in the literature of anesthesia regarding anything definite in the way of eye sign classification.

The eccentric position or the oscillatory activity of the eyeball marks the first or upper stratum of the third stage. There is during this stage an incomplete paralysis, whether central or peripheral, of the occulo motor muscles. With anesthesia going down the completion of this occulo motor paralysis marks the passage of anesthesia from the first into the second stratum. With this the eyeball becomes stationary and on center.

With anesthesia coming up the transition from the second stratum into the first is marked by a reappearance of the oscillation or eccentric position of the eyeball.

The degree of oscillation or eccentricity with anesthesia coming up increases progressively through the upper stratum; going down it decreases progressively.

This, I believe, is the most constant anesthetic guide that we have. It is not affected by the pre-anesthetic administration of morphine.

The toxic dilatation of the pupil without morphine with the anesthesia going down begins in the second stratum and grows progressively greater throughout the third stage.

The toxic dilatation of the pupil with morphine does not begin until some time in the third stratum.

The movement of the larynx in swallowing, with anesthesia coming up is fairly reliable in forewarning the anesthetist that the patient is about to come out.

I used this classification and these signs in teaching anesthesia in France and found them reliable.

In order to present the subject more clearly it is necessary to prepare a chart which, with the permission of the society, I shall do now.

Dr. J. V. Reed read a very interesting and amusing paper on his experience in the navy. This paper did not lend itself to an abstract and none was furnished.

Dr. Cabalzer complimented Dr. Guedel on his presentation. He said the respiration was not a dependable sign in anesthesia. He called attention to the color of patient and pulse. He said surgeons made a mistake in asking the anesthetist to put the patient into deep anesthesia.

DR. A. L. MARSHALL,

Secretary-Treasurer.

#### DOCTORS' WAYSIDE STORIES.

Collected by Jane Janus.

##### Go Where the Sea Gulls Fly.

Dr. R.: My doctor said to me today "You had better go where the sea gulls fly," said Martin J. Tracy. He remembered that I once said to him that I only see the sea gulls when I am fishing in the good old summer time on St. Clair River and the blues never constitute a fisherman's stock in trade. One never worries about self. I am convalescent from a long spell of sickness and my doctor thought that possibly I was a little blue or discouraged, which he said always lowers the reparative processes of the body, so he said, "Go where the sea gulls fly."

##### Disbelief in Limburger.

Said Dr. B. to me, below the talons of that bird on you ring I notice the sentence, "Spes mea in deo est." Some one told that meant, "My trust or hope is in God." Now it applies to my position in medicine, and when some one

tells me there is no use for the appendix, the tonsils or the wisdom teeth my belief is in unison with the motto, and so when an attempt was made to induce me to believe that limburger cheese was a proper article of diet, I replied, if God had so intended He would not have placed the mouth and nose so near each other.

#### Substitute for Abortion.

Said Dr. B.: A lady called at my office and wanted me to "help her out," so she said. From her statement she was three months pregnant. I said, Oh yes, I will help you so your life will not be in jeopardy and the child will not be a barnacle on your future existence. Highly elated she said how good of you. Now this is my plan. You go to blank hospital and at full term the child will be born and I will give you the best of care. When the baby is born I will take it in the back yard, hit its head on a post, then bury it. Of course, I will go to the electric chair, but your life will be saved and you will have no "barnacle baby." With a fierceness of expression she exclaimed, How horrible and inhuman you are. I replied, Oh, yes; but you had no hesitation in being a party to the murder of your unborn child nor did you care for my interests or you would not have asked me to perform an abortion.

#### Prepared One Leg Only.

An auburn haired society belle had injured her knee, but it was thought to be of no consequence. A few days later there was some pain. Since the family physician was out of the city a recent graduate who lived next door was called. The leg possessed a rosy tint and evidently was not bad to look at. Following the instruction he had received at college, the doctor asked that the other leg be made bare so he could compare the two. The girl entered a demur. When the mother expostulated with her, aside, she said: "But, mother, I did not wash and powder the other leg."

#### NEWS ITEMS.

Major Ernest de Wolfe Wales has returned from military service and resumed practice at 621 Hume-Mansur building. Major Wales will take up his work again at the University School.

Dr. H. G. Hamer has returned from military service and will resume practice at his former office, 723 Hume-Mansur building. Dr. Hamer was formerly a member of Medical Advisory Board No. 56.

Dr. H. Sheridan Baketel of the Long Island College Hospital and editor of the Medical Times, has been commissioned a lieutenant colonel in the Medical Reserve Corps. He has just returned from nine months' active service. He was given a present of appreciation by those under his command recently.

Talks on hospital work in France were given by Dr. Lafayette Page and Dr. T. Victor Keene at a banquet May 13 of the Phi Rho Sigma Fraternity at the Columbia Club. Both physicians paid a high tribute to work done by the medical department of the army in France and Dr. Page devoted considerable time to describing the treatment for gas. Other speakers were Dr. Thomas Noble and Dr. John N. Hurty. Dr. J. H. Oliver presided as toastmaster.

Dr. and Mrs. H. G. Morgan, Dr. and Mrs. H. L. Foreman of Indianapolis and Dr. and Mrs. H. W. Gante of Anderson assisted Dr. and Mrs. H. F. Allen in the medical department at the Speedway races. Miss M. Slaughter was chief nurse.

Dr. C. E. Campbell of Indianapolis has been promoted from captain to major and Dr. R. A. Solomon from lieutenant to captain. He was formerly interne at Long Hospital and is with Base Hospital No. 88 in France.

Dr. G. Graessle of Seymour was elected

president of the Fourth District Medical Society at the annual meeting of the society May 27 at Columbus, Ind. The other officers are: Vice-president, Dr. J. A. Welsh, Letts; secretary, Dr. O. A. Turner, Madison; treasurer, Dr. A. G. W. Childs, Madison. The next meeting will be held at Madison. Dr. George T. McCoy was toastmaster at the banquet at which the principal address was made by Dr. Charles Emerson of Indianapolis. He spoke on "Post-graduate Instruction" and urged that practicing physicians avail themselves of this valuable modern training and that they avail themselves of the advantages offered by Indiana University for such training. Dr. C. W. Salleeby of London, England, who was with William Jennings Bryan's party, also addressed the directors at the afternoon session. Other speakers were Dr. E. J. Libbert, Aurora; Dr. O. F. Welsh, Westport; Dr. Bertha A. Clouse, Columbus; Dr. Prosser Clark, Clarksburg; Dr. J. H. Green, North Vernon, and Dr. John Elfers, Rising Sun.

M. H. Krebs, of Huntington, Ind., was elected president of the Eleventh Councilor District Medical Association May 15. Dr. G. G. Eckhart was elected councilor to the state association. Speakers at the meeting were Dr. Thomas C. Kennedy and Dr. W. S. King, of Indianapolis, and Dr. G. G. Eckhart, of Marion. A banquet was held at the Central Christian Church. The speakers were Mrs. Anna Swadener Reed, of Logansport; Mrs. Mamie Masie Ross, of Marion, and Mrs. Alice Carmichael Smith, of Wabash.

Mrs. Catherine Buehl recently died suddenly of heart disease in the study of the pastor of Meridian M. E. Church. She was the mother of Lieut. Robert Buehl, surgeon on the battleship Mobile. On the same day word was received in Indianapolis that Dr. Buehl had been promoted from junior lieutenant to senior lieutenant and placed in command of the U. S. S. Mobile, which sailed from New York harbor for France May 6. For the last eight months Dr. Buehl had been

the admitting officer in the United States naval hospital at Brooklyn, N. Y. As commanding officer of the hospital ship Seagate during this time, it was his duty to meet each ship that entered the harbor with American troops, to take off the sick and wounded and bring them into the hospital. When the first large transport of returning soldiers entered the harbor he was the first one to board one of the vessels, preceding the ship that bore the mayor of New York and his committee of welcome.

Dr. Buehl writes as follows of meeting the Rainbow division:

"I was fortunate enough to make the trip on the U. S. H. S. Seagate to the Leviathan and see some of those heroes. I shall never forget the cheering and clapping by the crowd, the innumerable flags waving and the cries of 'Well done!' New York was wild over all the men. They were like kids—rosy and happy. I met and talked to several, I should say ten or fifteen, and some especially I remember from Indianapolis. Paul McVicker, from my old school at Bloomington, a student chum, had arrived safe and well, and we had a pleasant fifteen minutes.

"There were not many casualties aboard; most of the men were up and about, for which I was thankful. They were so anxious to get off and see America again. As we left the ship and it went on into the harbor, we could hear them cheer when they passed the Statue of Liberty.

Dr. Buehl was a student at Indiana University. He graduated from the University School of Medicine on June 14, 1918, and entered the service on June 17. He was an interne at the Indianapolis City Hospital before entering the service.

Dr. A. T. Custer has returned from military service and located at 618 Hume-Mansur building.

Dr. E. N. Kime is now associated with Drs. Foreman and Pennington, 413 Hume-Mansur building.



The wife of Dr. Cecil L. Rudesill, interne at the Long Hospital, died in Indianapolis May 25, of pulmonary tuberculosis.

The new medical college building is being equipped with all modern apparatus and Robert E. Neff announces that it will be ready for occupancy August 1.

Dr. Charles O. McCormick has charge of the prenatal department of the University School. This is an important department.

Dr. C. E. Ferguson is in charge of the outdoor obstetrical department at the University School. The obstetric clinic averages fifty cases a month.

The college office force now consists of Robert E. Neff, Maud Walters and Martha P. Hill. W. S. Lynn has charge of the pharmacy and Mrs. Margaret Burckle is dispensary clerk. Edna G. Henry is director of the social service department. The district doctors are Drs. Geo. E. Bowman, Henry F. Nolting, Fred Meyer, Walter B. Tinsley and Homer W. Cox. The general nurse is Maud Tyner, with Ray Tilley as assistant. Dr. Fred B. Jackson is house physician. Jennie McNutt has charge of the telephone service. Mary Meek is housekeeper and Wm. H. Bafford is custodian.

The thirty-second annual convention of the American Association of Official Surgeons will be held September 15, 16, 17, at the Congress Hotel, Chicago. The forenoons will be given to operative demonstrations at the hospital.

The program will be replete with practical addresses, essays and papers by prominent officials. The clinics will be interesting as usual.

Dr. John W. Carmack, a member of the otolaryngological staff at the Base Hospital, Camp Taylor, Ky., for the past nine months, has been discharged from the service. He expects to return to Indianapolis about July 1 to practice dis-

eases and surgery of the ear, nose and throat.

Officers of the State Board of Registration and Examination of Nurses were re-elected May 21. The officers to serve for the ensuing year are Miss Ina Gaskill, Indianapolis, president; Miss Edna Humphrey, Crawfordsville, secretary and treasurer; Miss Ida J. McCaslin, Shelbyville. Mrs. Margaret Church, Ft. Wayne, and Miss Katherine McMannus, Indianapolis, are the other members. At the May examination of nurses for Indiana 145 appeared to take the examination for licenses. This is the largest class that ever took the examination.

The Indiana Dental Association held a session in Indianapolis May 21. Dr. H. C. Carr, of Indianapolis, as president-elect, automatically became the president of the association. The honor of president-elect was given to Dr. Albert R. Ross, of Lafayette, who has been secretary of the association five years. Other officers elected were: Dr. A. J. Kimm, Evansville, secretary; Dr. C. A. Priest, Marion, treasurer; Dr. C. R. Jackson, Indianapolis, executive committeeman; Drs. Victor H. Knapp, Evansville; Leroy Myer, Rensselaer, and H. C. McKlitrack, Indianapolis, representatives of the state association on the State Board of Dental Examiners for two years. Dr. Earl Brooks, of Noblesville, was named supervisor of clinics and Dr. A. O. Van Kirk, of Kendallville, was named master of exhibits.

Delegates to the house of delegates of the national convention at New Orleans next October, were chosen as follows: C. E. Redmon, Peru; R. F. Lucas, South Bend, and C. A. Nixon, Valparaiso; J. A. Stockley, South Bend; F. C. Henshaw, Indianapolis, and N. W. VanOsdol.

Dr. G. C. Graves, who has contributed several articles to the Journal, has returned from South America and Japan. He has notes for a descriptive article concerning the countries which will appear in this Journal.

The State Homeopaths met in Indianapolis May 21 and Dr. J. W. Webb of Indianapolis was elected president. Other officers elected were Dr. C. E. Canaday, of Newcastle, first vice-president; Dr. W. B. Huron, of Tipton, second vice-president, and Dr. John Talmadge, of Ladoga, secretary.

The state organization voted to affiliate with the American Institute of Homeopathy, the national body, and elected Dr. O. S. Runnels and Dr. W. R. Stewart, of Indianapolis, delegates to the national convention at Asbury Park, N. J., June 15 to 20.

The new board of censors is made up of Dr. Sollis Runnels, Indianapolis; Dr. D. H. Bean, Rushville; Dr. F. C. Stewart, Indianapolis; Dr. C. A. Baldwin, Peru, and Dr. Oscar Jones, Indianapolis.

Daniel R. Sowder, 80 years old, died at the home of his son, Maj. Charles R. Sowder, 2144 College avenue, May 24. Mr. Sowder was born in Crab Orchard, Ky., then lived on a farm near Danville, Ind. He was a veteran of the Civil War. Major Sowder has been in charge of the medical staff at Camp Shelby, Miss.

Dr. Lafayette Page delivered an address relative to his war experience in France at the Indiana Democratic Club May 26. William Jennings Bryan was a guest.

Dr. K. L. Craft has returned from army service and located at 226-229 Hume-Mansur building for practice limited to diseases and surgery of the ear, nose and throat. He went into service July, 1917, and did special work at the post hospital, Fort Snelling, Minn., and at the embarkation hospital, Newport News, Va. His rank was that of lieutenant. Dr. Craft's home is in Indianapolis and after graduating from the Indiana University School of Medicine and serving as interne at St. Vincent's Hospital he was associated with Dr. J. F. Barnhill for a time previous to entering military service.

Dr. Lillian Mueller, anesthetist at the Methodist Hospital, has returned from a four months' visit to hospitals in New York.

Men who desired to see service in France but failed on account of the close of the war, now have an opportunity. In a sense the war is not over, that is so far as a skirmish now and then. Perhaps it may be more in earnest. Quite a few seemed "at sea with themselves" because they could not get oversea. There is even a shortage in the hospital corps in the navy hospitals, says Surgeon-General W. C. Braisted. During the past three months Dr. H. S. Thurston obtained only twenty-five at the local station.

J. Ewing Mears, age 80 years, died at Philadelphia May 28. He was the son of Dr. George Mears, a pioneer of Indianapolis. Dr. J. Ewing Mears was born in Indianapolis Oct. 17, 1838.

Dr. Mears was known for his charity and interest in civic affairs. He donated the Mears Memorial Medical Library to this city and a similar library to the city of Savannah, Ga. He gave a pulpit and a double window to Christ Church in memory of his father.

Dr. Mears was a member of the Union League Club of Philadelphia and the Episcopal Church. He is survived by a sister, Mrs. Reginald Hall of Terre Haute, Ind.

Some years ago, when Dr. R. French Stone was president of the Indianapolis Medical Society, Dr. Mears made an offer of his property on Vermont street to be used as a society meeting place and library, but for some reason the plan was not looked upon favorably by the society and action was postponed several times until it was eventually forgotten.

Mrs. S. S. Gatch, age 78, of Aurora, Ind., mother of Dr. W. D. Gatch of the Long Hospital and city board of health, died in mid-April. Mrs. Gatch fell striking on her hip and died in a few hours from shock.

A letter from Dr. Lyman Overshimer, formerly of the Long Hospital, states that he has been promoted to a captaincy. He is in charge of the surgical service in a camp hospital in France.

Lieut. Wm. A. Doeppers, formerly of St. Vincent's Hospital, was operated on for stone in the kidney during his service in France. He is now in a Baltimore hospital for further treatment. The nurse, a Miss Robinson, who cared for him during his sickness in France, is now his wife.

Dr. Thomas W. De Hass was married to Alice Boyer Clark, May 16, by Rev. Allan B. Philputt at the parlor of the Central Christian Church. Dr. De Hass is a member of the faculty of the Indiana University School of Medicine and of the City Hospital, Long Hospital and dispensary clinical staffs. Mrs. De Hass was an instructor in the Long Hospital Nurses' School. Dr. and Mrs. De Hass will be at home to their friends at 2152 North Meridian street after July 1.

Dr. and Mrs. W. H. Foreman returned from Chicago in April, where Dr. Foreman has been taking special work under Dr. Sippy.

Booth Tarkington, Indiana author, has been awarded the Pulitzer prize of \$1,000 at Columbia University for "The Magnificent Ambersons" as the novel of the year presenting the atmosphere of wholesome American life.

Major Eugene Buehler, business manager of The Indianapolis Medical Journal, will return from Camp Travis in June, where he has been chief sanitarian and assume his journal duties. During his absence Dr. Amelia R. Keller has been acting as business manager.

Dr. H. R. Vandiver has sold his location at Clay City, Ind., to Dr. L. C. Rentch-

ler of Center Point, Ind., who takes possession July 1, 1919. Dr. Vandiver will take a postgraduate course.

Dr. Bernard Erdman has located at 27 Willoughby building.

Dr. H. H. Wheeler during March and April took post-graduate work in Chicago. Mrs. Wheeler accompanied Dr. Wheeler.

Dr. F. C. Walker has entered practice again in Indianapolis, having received his discharge from the army service at Camp Dodge, Iowa, in May. Dr. Walker entered the service September 1, 1917, at Fort Harrison as a member of the surgical staff of Base Hospital No. 32, and went to France in December (1917). Early in 1918 he was sent as a member of a surgical team to the French army, where he served in Royallieu Hospital at Compeigne and Pont Saint Maxence for three months. In July he was sent back to the United States army and served in the Evacuation and Mobile hospitals along the front during the Chateau-Thierry, St. Mihiel and Meuse-Argonne offensives until the close of the war. He was promoted to the rank of captain during his service in the A. E. F. He has opened his office at 414 Hume-Mansur building, Indianapolis, and expects to devote his attention to gynecology, obstetrics and abdominal surgery.

#### MURPHY PREFERRED COASTING.

An officer on board a warship was drilling his men.

"I want every man to lie on his back, put his legs in the air, and move them as if he were riding a bicycle," he explained. "Now commence."

After a short effort, one of the men stopped.

"Why have you stopped, Murphy?" asked the officer.

"If ye plaze, sir," was the answer, "O'im coasting."—Pittsburg Chronicle Telegraph.

## BOOK AND JOURNAL REVIEWS.

### ANNIVERSARY OF WALT WHITMAN GUIDES OUR THOUGHTS TO HIS WORK.

Americans have never been as enthusiastic over Walt Whitman as the English are. His contemporaries were pretty well agreed that his writings were "barbaric yawp" and that feeling has lingered. It is only lately that a worshipful attitude has been assumed and this by the new school of "free verse" writers who follow him afar off, though they probably do not realize how far. But this school of writers is deeply indignant because of what they consider the lack of appreciation by the older generation. For example, Whitman has never found place in any American "hall of fame"—never had, rather, until a day or so ago.

New York University has a hall of fame and the committee in charge had never voted to admit a bust of the author of "Leaves of Grass" to its honored precincts. A self-constituted committee, however, has remedied this. Early last week about twenty writers, artists, scientists and "Bohemians" met for luncheon at a hotel and there laid their dark plans. They visited the hall of fame in a casual way, as sightseers, and picked out the place where they wanted a bust to go. The next thing was to find a bust. The city was combed in vain. Finally a committee of three, two men and a woman, visited a house in the neighborhood of Greenwich village in order to look at some antique furniture. While the host escorted the woman to an upper hall to look at a clock, the Whitman bust was taken from its pedestal downstairs, put in a waiting taxi and taken triumphantly to the headquarters of the conspiring poets. The next afternoon six automobiles and taxis containing the party went to the university carrying the bust in a suit case and entering the hall, triumphantly placed the bust in its chosen niche, recited some Whitman verses and below the bust placed a tablet bearing these words: "I am deathless. Walt Whitman." To the man at the door they explained that they

were "well known poets and authors" from Greenwich village and rebuked him for not having a ladder ready "when he must have known they were coming." They took the precaution of not giving their names for the reason, one was overheard to say, that they feared they might be arrested.

But the bust is there and unless the rightful owner comes to take it away, who will? But have any of the free verse poets stopped to wonder how Whitman would have liked to think that his effigy was sneaked into a place of honor?

So a correspondent of the Indianapolis Star renders a verdict from that individual's viewpoint.

John Burroughs wrote the article in Warner's Best Literature on Whitman and we glean from his belief that it was the all round nudity of Whitman's verse that is "nude as Adam in Paradise," which made it repellant to the people, and Burroughs says that to Whitman may be applied more truly than to any other modern poet, Wordsworth's lines:

You must love him ere to you

He will seem worthy of your love.

The Whitman anniversary—100 years—now calls attention to his work, and the many changes that time has made in the sentiment of the people has caused a better appreciation of this author. Much can now be seen in nude art which is not looked upon with the vulgar eye and mind, but rather with an idea of the beautiful and perfect human form and all that goes with it as brought into view. Perhaps the architecture of his work may be open to criticism and perhaps those who have said that his writings were chaotic might not have been wholly wrong, but even if this be so there are more persons now who love to read what Whitman has written than ever before. The new generation has shown a liberality which sometimes was not present in the old guard. Not a few find interest in his "Hospital Memoranda." "The Wound-Dresser," and during the war our minds have been filled with war thoughts for several years. We can find interest in "Dirge of Two Veterans"

and "Hushed Be the Camps Today." Nothing wonderful, perhaps, yet they each carry a certain interest.

I have just read "When Lilacs Last in the Door Yard Bloomed," and confess it may not in its entirety be acceptable to all but there are some who will be entertained by it. I predict that the future will give a better appreciation of Whitman's writings than the past and it is evidence of silliness and cruelty to designate his writings "Barbaric Yawp," for it hints that in his contemporaries who took this view there was a full supply of jealousy and malice. S. E. E.

#### THE MEDICAL TIMES.

The May number of the Medical Times was issued from its new home in the Bennett building, corner of Nassau and Fulton streets, and it has been near this locality for nearly half a century. It is now in a prosperous condition and because it publishes what the profession wants to read is the reason for its large clientele. Drs. H. Sheridan Baker and Arthur C. Jacobson are to be congratulated and we should include the president of the Times Company, Mr. Romaine Pierson.

**The Operations of Obstetrics, Embracing the Surgical Procedures and Management of the More Serious Complications.** By Frederick Elmer Leavitt, M. D., formerly assistant of obstetrics and gynecology, University of Minnesota, etc., etc. With 248 illustrations. Price, \$6.00. C. V. Mosby Company, St. Louis, Mo.

This book is from the operator's point of view, but such pathology and physiology are given as are necessary to meet the requirements of the reader. This book will be helpful to the surgeon, general practitioner and specialist in obstetrics and, too, the gynecologist.

After taking up the general preparations, indications and conditions the various operations on pelvic conditions are given, this, of course, embraces interruption of pregnancy and lesions of the uterus. The difficulties encountered in

performing version are pointed out understandingly and this includes dangers to the mother. Forceps operations and cesarean section are well discussed and the information is needed by the physician even though he does not operate—it enables him to form a proper judgment and often this is very essential.

The stages of labor and accidents incident thereto are good reading and here we find the subject of hemorrhage given due attention.

Multiple births and the different positions of the child seems to me to be of the greatest importance, then there is brought into view the controlled pelvis.

Birth complicated by tumors bids fair not only to be information which renders the required aid in diagnosis, but what to do under such circumstances is not omitted.

Such subjects as eclampsia, malformations and anomalies, spontaneous abortion, asphyxia in the new born, and as a finale extrauterine pregnancy are presented by a masterful writer who has had the experience to talk plainly yet knowingly.

When we take into consideration that this book has 441 pages and there are 248 illustrations it will be evident to the reader that the subject is presented in the best possible manner. S. E. E.

**Wilcox, Ella Wheeler. The Worlds and I.** Illustrated. 8vo, pp. 420. New York: George H. Doran Company.

There is certain pleasure to be derived from reading this plain, straightforward, and intimate account of an unusual life. We are permitted to watch Ella Wheeler grow from smallest childhood, through a growing ambition to become a writer, and to glimpse many of her early attempts in prose and poetry. At the age of nine she saw her first editor, and she was soon aiding the straitened circumstances of her household through her pen. She spent one term at the University of Madison, but was so unhappy that she prevailed upon her mother to permit her to stay at home and write. She began early to attract the notice of various literary personages—the description of her

wonderful correspondence with James Whitcomb Riley and of their monkey and parrot meeting is entertaining reading. The "Poems of Passion," written in part from impressions upon reading works of Gautier, Daudet, Ouida, Shakespeare, Swinburne, and Bryon, won her much notoriety through unfair and ignorant criticism, but it did serve to bring her before a larger public, and she vindicated her right to a place on the legitimate stage of American letters.

In 1884 she married Robert Wilcox. The two were kindred spirits, and their life together was one long romance. Rarely does one read or hear of two lives so in harmony, and Mrs. Wilcox opens the door and admits you to the drawing-room of their souls in so friendly and intimate a manner that you feel you have lived with them while they worked to up-build and better and help the world about them. Perhaps the most interesting of all the pages are those dealing with Mrs. Wilcox's resolve to go to France, at the dictation, as she believed, of her husband's spirit, and of her very real usefulness in France time and again to the cause of the Allies. One can hardly refrain from giving a few tastes of this unusually bright autobiography. Among the agreeable features is a keen sense of humor, especially when the joke is at her own expense.

"A small boy, named Eddie, came to call with his mother, who said she thought Eddie and Ella would make good playmates. I looked at the boy intently for a moment, ran into the kitchen, and reappeared with a tin wash-dish and a rag in my hand. My mother in amazement asked me what I was doing. I replied, 'I am going to wash Eddie's face before I play with him.' When, in later life, I showed an impulse to try and improve people physically, mentally or morally, without any requests on their part, I was reminded of this early incident."

She quietly pokes fun at herself by quoting her "maiden effort in verse," describing the heroine of her "first novel."

A head covered with pretty curls;

A face white as the snow,

Her teeth are like handsome pearls;

She's tall and stately, too.

Not less funny (in a chapter entitled "Lunatics I Have Known") is her account of the delusion of a suitor long after she was married, who was convinced that they, too, were "meant for each other." She had him "looked after by medical and police authorities," and he proved to be insane. She tells the sequel as follows:

"The doctor himself shortly afterward wrote and apologized for his former letters, saying he had attended a religious revival and studied Shakespeare and read some of my poems all at one time, and the combination had unsettled his reason."

Her religious sense was early strangely developed in a family that was strongly agnostic and disposed to argument, even to vituperation emanating from "church people."

"I used to dread these arguments, and always when anything really bordering on irreverence was uttered it hurt me like a bowl. In after years I understood why this was. Being an old soul myself, reincarnated many more times than any other member of my family, I knew the truth of spiritual things not revealed to them. I could not formulate what I knew, but I felt myself the spiritual parents of my elders! and I longed to help them to clearer sight."

Her whole-hearted acceptance of the spiritualistic position was guided by a clear-eyed sense of the danger, to the ignorant and unbalanced, of meddling with these things:

"These experiences made me realize the folly and danger which lie in this investigation of invisible realms for the people who are merely curious and who have no basic foundation of knowledge of occult matters. The hysterical and jealous woman who goes to a medium to learn whether her lover or husband is true to her will, of course, know that her worst fears are well founded, for her intense jealous thoughts will make a form

visible to the eyes of the psychic. The psychic is not a fraud, but a self-deceived mind-reader."

Not the least interesting parts of the revelations are those which deal with the occasions and inspirations which evoked many of her poems. She thus explains the origin of one of her most quoted pieces:

"That evening, as I stood before the mirror, putting the last touches to my white toilet, a swift vision of the young widow in her weeds came before me. With a stricken conscience I realized how quickly I had forgotten her! and I pictured to myself the dark shadows she must have carried into the home she was visiting, and contrasted it with the brightness of my own environment. It was at that moment the poem 'Solitude' was conceived—the first four lines coming at once in their present form:

Laugh and the world laughs with you,  
Weep and you weep alone.  
For the sad old earth must borrow its  
mirth,

It has trouble enough of its own.

Finally, her catholicity (appreciation of "New Thought," Brahmanism, Theosophy, Buddhism, etc.) comes out well in the following sonnet, inspired by the monument of Buddhism at Boro Boedor, Java.

At the Boro Boedor.

Watching the dawn upon its turrets  
break  
(New beauties leaping to each ray of  
light),  
Methought I heard Christ calling (as one  
might  
Call to an older brother): "Buddha,  
wake!  
Come toil with me. From thy calm eye-  
lids shake  
The dreams of ages; and behold the sight  
Of earth still sunk in ignorance and  
night.  
I took thy labor—now thy portion take.  
Too vast the effort for one Avatar.  
My brave disciples are not overwise,  
Our kindred creeds they do not under-  
stand;  
My cross they worship, yet thy temples  
mar.

Dear brother Buddha, from Nirvana rise,  
And let us work together, hand in hand."

The sprightly, generous, intimately confidential, witty character of this autobiography will add nothing but increased affection from her worshipers for this most kindly soul.

The literary people of Indiana have, on the most part, enjoyed the writings of Ella Wheeler Wilcox, some more than others, of course, and in reality there are those who seem to be worshipers of her. For this reason we reproduce the review from the Literary Digest of May 31, which is a synopsis occupying greater space than allotted to famous poets.

It was evident when the author mingled her ideas with New Thought, Brahmanism, Theosophy and Buddhism there was some regret and perhaps interest in her work waned somewhat, but the reviewer very charitably calls it "her Catholicity" and it is perhaps best.

#### MODERN MEDICINE.

Modern Medicine makes its first appearance with the May issue. It will follow the line of thought which concerns the new age in medicine, which it defines editorially as everything that will make people fit for service, that is fit as a factor physically, mentally and spiritually in a great nation's progress. There are five good editorials and thirteen leading articles. The editors are Alexander Lambert, M. D.; S. S. Goldwater, M. D., and John A. Lapp, LL. D. Such names insure a splendid publication and success is almost sure. The general make-up is of the best. The foreword on the cover is, "The application of medicine and allied sciences to industrial efficiency and national health."

**The Surgical Clinics of Chicago.** April, 1919, Vol. 3, No. 2, with 63 illustrations. Published bi-monthly. W. B. Saunders Company, Philadelphia and London.

This volume is of especial value. The abstracts which we use will give an approximate idea of its contents. There are many others of equal value. There are many good illustrations.

Clinic of Dr. A. J. Ochsner. Fracture of Humerus. Summary: Fracture of upper end of humerus in a child six years of age; failure to obtain proper reduction by external manipulation; treatment by suture with chromicized plate; postoperative dressing and care.

Clinic of Dr. A. J. Ochsner. Fracture of the patella. Summary: Comminuted fracture of patella in a man of sixty; treatment by suture with chromicized catgut; history of silver wire for suture; comparison of results following operative and non-operative treatment; importance of early mobilization.

Clinic of Dr. Carl Beck. Syphilis of the Stomach—Resection of Pylorus for Impermeable Luetic Stricture. Summary: A patient presenting symptoms of total pyloric obstruction, with marked emaciation and a palpable mass; operation—the diagnosis—frequency of gastric lues.

Clinic of Dr. Arthur Dean Bevan. Appendicitis. Summary. Historical review—the Ochsner treatment—advantages of operation in every acute case when the patient is a good surgical risk; pathology of appendicitis—routes of infection—importance of local irritation of appendical mucosa; diagnosis—three symptoms; pain, tenderness and rigidity; recurring appendicitis—cases of so-called chronic appendicitis without acute symptoms usually examples of mistaken diagnosis—fallacy of X-ray evidence—technic of appendectomy.

Complications of appendicitis: (a) abscess—locations—when to operate—general management—rupture into bladder—subphrenic abscess; (b) liver infection—abscess and portal thrombophlebitis; (c) general peritonitis—early diagnosis imperative—surgical treatment—anesthesia—incision—disposal of focus of infection—determination of extent of disease—irrigation of peritoneal cavity—drainage—dressings—after-treatment.

Clinic of Dr. Benjamin F. Davis. Winged Scapula—Serratus Magnus—Palsy. Summary: Presentation of two cases—causes of serratus paralysis—the diagnosis; treatment—palliative in the majority of instances; operative cure

attempted in selected cases by neuroplasty, costoscapular suture, or muscle transplantation. P. M.

#### A SURGEON BY AIRPLANE.

There must be on record by now several instances of surgical aid being brought by airplane, and in future wars—if there be any—we may expect a regular surgical aid air service, says the Medical Press for April 16, 1919. A notable instance of the use of the airplane is recently reported from Paris. It appears that fighting still goes on in parts of Morocco, and a French general engaged there was wounded by a piece of shell entering his breast. In view of the impossibility of dealing with such a wound on the spot, it was decided to transfer the injured man to Bou Denib in the south of Algeria, and to avoid the dangerous jolting of a motor rum of a hundred kilometres through rough country, he was carried successfully and comfortably by airplane. The surgeons in charge entered into wireless communication with Tuffier, sitting at home in Paris, and twice a day they held a consultation with Tuffier, reporting symptoms and receiving advice. After a few days, the patient's condition remaining stationary, Tuffier decided to visit him. He went by train to Marseilles, where a gun boat was in waiting to bring him to Oran. Thence he traveled by rail to within a hundred kilometres of his destination, and the rest of the way by airplane. We do not know the sequel, but we hope that Tuffier's patient will soon be convalescent, and that Tuffier himself is none the worse for his unusual progress in answer to a call for his help.—N. Y. Med. Jour.

#### IN DOUBT.

"Yes, my brother was slightly wounded in the Marne advance. We had a letter from the regimental surgeon."

"Where was he wounded?"

"We are not quite sure. The surgeon mentioned the place, but we don't know whether it is an anatomical phrase or a French village."—St. Louis Republic.



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No. 7

## ORIGINAL COMMUNICATIONS

### DYSTROPHIA ADIPOSEO-GENITALIS.\*

By W. H. Foreman, M. D., Indianapolis.

Obesity may result from gormandizing or from disturbance of the endocrine glandular system. The term exogenous is applied to the first, and endogenous to the second. The exogenous type is rather rare, the endogenous type is frequent.

It is a common observation that fat people are prone to diabetes. The pancreatic insular apparatus is functionally able to transform carbohydrates into fat, but over-stimulation of the Islands of Langerhans as occurs in over-ingestion of carbohydrates first leads to deposit of fat in the body, and later to the appearance of sugar in the urine.

Hypothyroidism, either natural or induced, leads to a peculiar and special

\*Clinic presented before Indianapolis Medical Society at the Indianapolis City Hospital, June 3, 1919, assisted by Dr. Robert Masters, interne.

distribution of mucilaginous substance in the body, producing a condition known as myxoedema, or, if the thyroid function is decreased or lost in early life, there occurs in addition profound developmental disturbance known as cretinism.

Adipositas Dolorosa (Dercum's Disease) is another peculiar distribution of fat due to some endocrine disturbance.

Dystrophia adiposo-genitalis may be primarily genital, as in eunuchoidism, either natural or induced, or a symptom-complex involving various endocrine glands.

It is a well known fact that a close reciprocal relation exists among the hypophysis, thyroid and gonads, and that these glands have a marked influence on the growth and development of the body and upon body metabolism, the characteristic body configuration or the pecu-

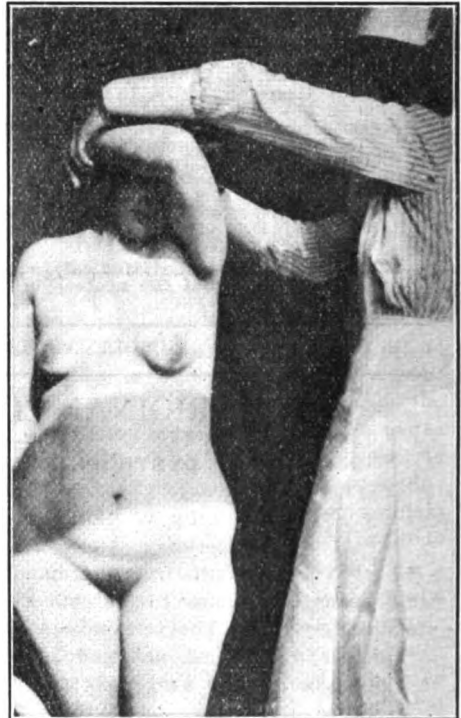
liar dystrophy depending upon the relative involvement and disturbance in function of these glands.

This case presents a symptom complex with perverted function, as I believe, of the hypophysis, thyroid and sexual glands. I will attempt to indicate briefly the more salient symptoms in this complex.

Circumference of hips (around crest of ilia), 95.0 cm.

Circumference of waist (at umbilicus), 77.0 cm.

Other parts of the body have a normal distribution of fat, and even appear actually or relatively smaller when compared with the body conformity about the genitals.



1. Obesity of Special Distribution—We have here a peculiar distribution of fat about the hips, above the ilia, on the buttocks and upper third of the thighs, on the mons veneris and in the hypogastric region. Measurements are as follows:

Circumference of thigh (just above knee), 39.5 cm.

Circumference of thigh (middle third), 53.5 cm.

Circumference of thigh (at crotch), 69.5 cm.

Circumference of hips (around trochanters), 100.5 cm.

2. Secondary Sexual Characteristics

—We find here the genitalia infantile, the labia minora are small, the clitoris short, hymen intact, the breasts are small, and no doubt small soft ovaries and an infantile uterus. The hair on the mons veneris, on the perineum and in the axillae sparse.

Menstruation began at about normal time, but is insufficient and now irregular. In boys, in which we find a primary genital dystrophy, the penis and scrotum are atrophic, the testicles soft and infantile and one or both testicles either in the inguinal canal or in the

abdomen. These boys are especially fat and sissy.

3. **Certain Trophic Manifestations**—We notice the skin delicate and white, cool to the touch, dry and exfoliates. The hair on the head is sparse, dry, split at the ends, readily falls out, and, as usually occurs, is clipped; there is the absence of oil; very little hair in the axillae, on the mons and perineum; other portions of the body entirely devoid of hair. The nails are brittle, but not ridged, and fairly well formed. The teeth are poorly developed, the edges worn, they are ridged and notched and are rapidly undergoing decay.

Blood pressure taken at various times is normal. Many of these types of hypo cases have low blood pressure, and regardless of the low pressure undergo premature arterio-sclerosis.

Her metabolism is low and perverted, as is indicated by subnormal temperature and by the trophic changes present, by certain psychical, nerve, special sense and growth disturbances. Many of these hypo cases have increased carbohydrate tolerance and all of them low respiratory exchange and low purin metabolism.

4. **Nerve and Special Sense Disturbances**—You can readily observe her choreic twitchings and tremors. She complains of lightning pains and formations; her bones, fat, muscles and tendons are hyperalgesic; she has paresis of her extremities (tires out readily with more or less edema); she complains of noises in the ears and disturbances of hearing, taste and smell; she has slight nystagmus; pupils react to light, but sluggish to accommodation, and the right fundus shows some probable pressure symptoms; her vision is hazy and she is unable to maintain proper focus.

These are the types of cases that are often wrongly treated for myalgias, neuralgias, rheumatism and neuritis.

In fact, these hypo cases are hyperaesthetic and prone to chorea, spasm and epileptic seizures, although we shall

see that they are mentally dull and apathetic.

5. **Psychical Disturbances**—This girl, 16 years of age, has the mentality of a child about 9 years. She is indifferent, listless, stupid, slow of thought, speech and apperception, remembers poorly, her reason and judgment are childish. She is inclined to be sleepy, silent and melancholic.

These are the types of children that are misunderstood by the parents and teachers and are punished because of their indifference, lack of application and inability to learn. Educators test out their acuteness, reaction time, etc., and compile their statistics, which are utterly worthless, because they do not appreciate the real physical basis underlying the mental and nervous complex. This case may be, indeed, a slightly exaggerated one; however, if we are sufficiently cognizant of facts and are reasonably observant, we may daily observe cases resembling this type.

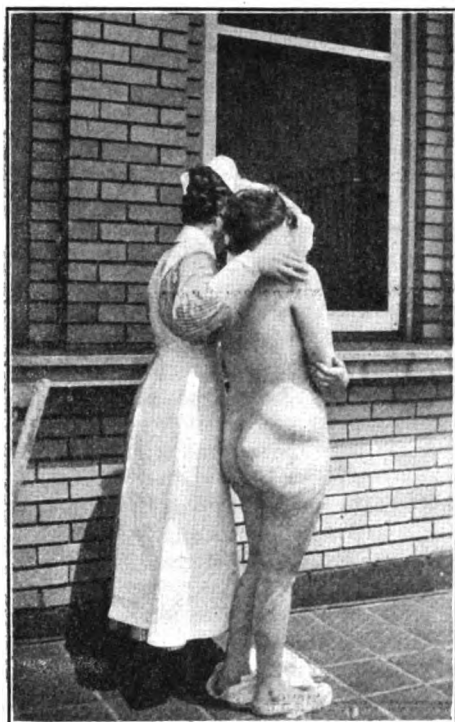
6. **Gastro-intestinal and Renal**—This case, like most cases of this type, is constipated, or occasionally has diarrhea, which is only a symptom of constipation. These cases are usually given cathartics, which, in addition to the hyperaesthesia of the vegetative nervous system, make the colon spastic and thereby increase their constipation. The bowels in these cases should be let alone. If they move once or twice per week, well and good; let them alone. The danger of auto-intoxication is entirely negligible.

Because of the hyperaesthesia of their vegetative nervous system, their spastic colon, myalgias, neuralgias, rheumatic and neuritic pains, these types of cases are often operated for chronic appendicitis, ovaritis, pylorospasm, etc., with symptoms following the same or worse than before.

This person has dryness of the mucous membranes of the mouth, thirst and frequent urination. Children of this type are frequently subject to bed-wetting, and later in life have polydipsia and polyuria, with low specific gravity

of the urine, and are prone to diabetes insipidus.

7. Laboratory Findings—Blood Wassermann is negative. Urine negative. White blood count, 14,600; red count,



4,400,000; differential count, lymphocytes 38.9 per cent., large mononuclear 9.2 per cent., polymorphonuclears neutrophils 48.1 per cent., eosinophiles 3.5 per cent., basophiles 2 per cent.

We thus see that the neutrophilic polymorphs are low, while the eosinophiles and lymphocytes are high, erythrocytes and hemoglobin are low. The condition shows a slight grade of status lymphaticus.

The symptom complex indicates a disturbance of the hypophysis (abnormal character and distribution of fat); thyroid (mental, neuromuscular and trophic disturbances); gonads (amenorrhea and secondary sexual characteristics), a resulting relative hypofunction or perverted function of these glands with consequential dystrophy.

The medical treatment is directed toward stimulating the endocrine glands to more active secretion or supplying the secretions lacking, viz. hypophysis, thyroid and gonads.

On this basis we use the dried extract of the thyroid gland, the anterior pituitary lobe, or the whole pituitary gland, or the gonads, or pituitrin hypodermically, or corpus luteum. In this case, we are using at present the whole pituitary gland gr. ix daily, and six grains of thyroid daily.

Likewise, iodine has a stimulating effect, especially upon the thyroid, and iron is indicated for the anemia. The patient is quiet, mostly in bed, and is taking a good diet.

This clinic is given too early to state results of treatment. At time of writing—one month after the clinic—the patient has made marked improvement, especially with reference to the distribution of fat and her neuromuscular symptoms.

### THEODORE ROOSEVELT—AN APPRECIATION.

By Curran Pope, M. D., Louisville, Ky.

"We live in deeds not years; in thoughts not breaths;

In feelings, not in figures on a dial.

We should count time by heart throbs. He most lives

Who thinks most, feels the noblest, acts the best."

—Bailey, "Festus."

We might so typify Theodore Roosevelt, one of the noblest Americans of them all. Garnered by the Grim Reaper at the height of his career, yet a comparatively young man, but a man who had lived a life that will ever be a model and a heritage to the youth of coming generations, a man whose dominating

personality permeated every field of human activity and endeavor. He was a rare combination of the thinker and performer. Perhaps the one element of his character that stands out pre-eminently above all others was his matchless courage, a courage that feared neither individual, organization or predatory wealth. Once assured in his own mind that a cause was clean, just and righteous, he became "thrice armed" and his courage then was backed by an energy seemingly boundless, and these two characteristics made him one of the most respected and feared of men by those who failed to live up to the high level with himself. The courage and energy that he so marvelously exhibited, his "big stick(ism)", were stamped upon a rugged visage, never to be forgotten. And from this human dynamo there seemed to emanate a magnetism that drew people to him resistlessly. No man in public life of whom I have knowledge would or probably could repeat his Chicago experience. Shot in the chest, he remained cool and collected; questioned his would-be assassin and dressed his own wound; drove to a hall and delivered an address and then gave himself over to the medical man. He will ever remain the physical prototype of the "strenuous" life, which he inaugurated. Hunter, jungle man and the friend of animal life, his knowledge was keen and extensive of these friends and enemies of forest, plain and crag, and woe unto those who falsified these creatures, for he was their champion.

Intellectually, he was strong. With the strenuous life he combined wonderful mental attributes. I am of the opinion that no other man ever lived in this or any other country that possessed the happy (or unhappy) faculty for the creation of neologisms as did Col. Roosevelt. His naming faculty will long live as a part of American history. He was given to much reflection, and to me the one characteristic of all his speeches and writings was a clarity of thought and a lucidity of expression rarely to be found. He possessed, so far as my hum-

ble ability to judge, the rare gift of editorial capacity, the power to see and know the real values in things intellectual and to cast aside much that was purely chaff. His dominant physical energy led him to perform so many intellectual tasks that we wonder how in the multitude of calls, time could be found to give to these pursuits. His gift of expression was an unusual possession.

His personality was tremendous. Of him it might be said that one was either for or against him. His friends were the staunchest of supporters and admirers; his enemies were apt to be bitter. No one ever seemed to "straddle" the fence when it came to the Colonel; they loved or hated. And this was true of men who had never seen, never knew him and had "never shaken the hand that shook Roosevelt's (Sullivan's)". His intense personal magnetism and enthusiasm spread from him like a prairie fire and was absorbed or rejected by all it touched. And he was typically this way himself, fighting his enemies and loving his friends; God bless the Colonel. Few men in public life were as outspoken and few cared as little for consequences as he, for if there was anything in this life he despised and detested it was a coward and a "mollycoddle." His fearless performance of his presidential duties inaugurated a change in American politics and business, the cleansing effect of which still persists. His death removes from certain men a brake; as long as Col. Roosevelt lived men feared his clarion voice and trenchant pen, were willing, nay anxious, to live "within the lines," rather than have to retire to the cellar to avoid a Rooseveltian cyclone. In many ways "we shall not soon look upon his like again."

He was an American, man, citizen and soldier. Democratic to the core, he loved his country and its people above everything else. No one seemed ever to question (successfully?) this. No matter what mistakes he may have made, and they were many, for Theodore Roosevelt was human, we all agree they

were the mistakes of wisdom and not those of intent. Not even his bitterest enemy questions his Americanism, his love of his flag and his undying patriotism. He was a born leader of men. Few in America can or have been able to rally a hundred thousand men to a standard, ready to do or die, because he whom they loved and respected was ready to lead them, they cared not whither, even though it be to the carol of the great guns. In my opinion, this one incident in a career so replete stamps him with attributes of courage, power and personality no other in this broad land of ours has ever possessed. And history will in time give him his rightful place as a great American. When the passage of time cools the ar-

dor of men, when just judgments can be formed, the intellectual gifts, the qualities of hand and heart will be truly appreciated. His friends will remain staunch and true; embittered partisan feelings will fade; in his death enmities will cease, and the real American will estimate him for what he has been and remember him for his rich contributions to this country's cause.

"To every man upon this earth

Death cometh soon or late,

And how can man die better

Than facing fearful odds,

For the ashes of his fathers,

And the temples of his Gods?"

—Macauley, Horatius xxvii.

#### REPORT OF A FATAL CASE OF DOUBLE OBLIQUE INGUINAL HERNIA AND ONE OF APPENDICITIS, AFTER OPERATION.\*

By Geo. M. Wells, M. D., Member of Surgical Staff, Indianapolis City Hospital.

Ordinarily, clinical reports remind one of the story of the prince who went strolling alongside the brook, where he met a beautiful young princess, each fell in love with the other, they were married, and lived happily together ever afterward. My report does not deal with cases of this kind; they did not end so happily, and for obvious reasons can not be exhibited here this evening.

I often think if our mistakes and disappointments were recorded as fully and faithfully as our successes, there would be a wealth of information available which is not open to us at the present time, and while this kind of information might not have great interest for the medical man of mature years and large experience, it would save the younger men from many a pitfall.

The first case I wish to report is that of a colored man, 35 years old, who was admitted with a double oblique inguinal hernia, incomplete on one side, com-

plete on the other. There was nothing special in his history, his general condition appeared to be excellent, and as he was anxious to get out of the hospital as early as possible, it was decided to operate on him after two or three days. The large complete hernia was chosen for the first operation, with the understanding that both operations would be done unless some contraindication should be encountered. It did not take long to ascertain that the hernial sac was adherent to the urinary bladder over a very large area. The adhesion was very firm, was difficult to separate, required a great amount of time, and in the dissection the peritoneum was button-holed two or three times, but the bladder was not injured. After ligating and removing the hernial sac, the operation was completed in the usual way, but it had required an hour and a half to perform an operation which under more favorable conditions could be done in one-third of that time. The patient was in excellent condition, but, in view of the complication met, it was decided

\*Reported, Clinic Night, at Indianapolis City Hospital, before Indianapolis Medical Society, June 3, 1919.

to leave the other side until a subsequent time, and the patient was sent to the ward. Everything went well for five days, when a sudden chill came on, temperature shot up to 103, pulse became rapid, cough developed with bloody expectoration, and the patient became delirious with lucid intervals. A broncho-pneumonia had developed, which ran a rapid course, and ended fatally in three days, making eight days from the time of the operation. From friends of the patient it was learned he had had an attack of influenza about a month before his admission into the hospital, which had confined him to his bed and room for two weeks. He positively denied this illness until after his operation, because he feared if it were known at the hospital he would not be operated upon at once, and this was the one thing he wanted done. I am unable to say whether his influenza was in any way responsible for his broncho-pneumonia, but certainly it did not improve his chances of recovery after an operation, and may have made him a poorer surgical risk. Following this experience we were doubly diligent in taking case histories, and if any doubt was encountered in a given case it was held over until we were satisfied that the operation would be done under the most favorable conditions to the patient.

The second case I wish to report is that of a colored boy, 14 years old, who had been sick one week when he was sent to the hospital. No one came with him that could give anything definite concerning the boy, and we had to form a judgment from our own examination. His condition was such that we felt moments were precious, and that if the boy were to be saved an operation must be done at once. A diagnosis of acute appendicitis was made, with the probability of a gangrenous appendix, an abundance of pus and a general peritonitis. Upon opening the abdomen the diagnosis was verified, there was a gush of foul smelling pus, flecks and larger flakes of fibrinous matter could be seen all over the intestines; the intestines

were dark and greatly distended, while the peritoneum looked gray and dirty, and had lost all of its luster. I next made an attempt to deliver the cecum so I could remove the appendix, or whatever part of it might remain, but found the parts so matted together by adhesions that I failed in the attempt. I made a second effort, with the same result, and was afraid to try again for fear I would tear the intestine in two, as it was partly decomposed and appeared to be very fragile. The adhesions were so firm and the lines of cleavage between the coils of intestine so obliterated I did not feel warranted in making further efforts to reach the appendix, and decided to put in drainage and leave the removal of the appendix for a future operation, if the boy should recover from this one. Looking back over the case, I think I made a mistake in trying to remove the appendix at all, and that I should have made a stab wound, put in drainage and stopped there; in other words, it was a case of getting in and getting out in the least time possible, if you would give your patient the best chance of getting well. It is not always easy to decide how much effort one should make in trying to remove an appendix, nor just when the effort should be abandoned after it has once been begun, and a better judgment can be formed in a given case after it is all over than is possible during the operation. We all feel a certain amount of disappointment when we fail in our efforts to remove an appendix, and are sure to receive some censure from the patient or his friends, but these should not influence us to do anything against our better surgical judgment, according to the information before us, at the time. For thirty-six hours after the operation the boy did well, and there was every appearance that he would recover, but at this time his parents came to the hospital and demanded the boy to be delivered to them, that they might take him to his own home. No amount of argument or persuasion made any impression on them,

and after they signed the usual statement that they were taking the boy away from the hospital against the wishes and advice of the doctors, the boy was turned over to them. He was placed in an ordinary automobile, carried in a semi-recumbent posture a distance of a mile or two and placed in his own home. This proved to be the straw

that broke the camel's back, for in two or three days the boy died. The operator may have made a mistake in doing too much in this case, but the fatal mistake was made by those who took him away from the hospital against the advice of the surgeon and his assistants. Hume-Mansur Building, Indianapolis, Indiana.

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### COMPENSATED HAND GRIP.

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By H. R. Allen, M. D., Indianapolis.

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When our wounded soldiers began to return I was requested to devise a method that would enable the men with crippled hands to perform various kinds of manual labor.

Just twenty hours later at Walter Reed Hospital, I demonstrated a method that worked successfully for every kind of labor and for every type of deformity presented.

I was then ordered to stop, and like any good soldier, I stopped, although I had presented only a part of the method. I did not know why I could not present the rest of the method. No one knew what the rest of it was or that there was more to present. So the little I had demonstrated was immediately published by Major Shufeldt. It was copied or referred to by several American journals and published in the London Lancet and translated in several foreign languages and finally adopted by the Surgeon General and put into general use in all U. S. Hospitals.

The fragment known to the army and published so widely refers merely to assisting artisans in performing the various kinds of work indulged in at Walter Reed Hospital. It must be remembered that while artisans are a very important group they by no means represent all branches of labor, because there are teams to be driven and trains to be run and fields to be plowed and cows to be milked and mines to be worked. Walter Reed Hospital could not be expected to represent all kinds of labor nor

should remedies be restricted to these few industries represented there. At the Hospital it was merely necessary to enlarge the tool handles with the plastic compound that dentists heat in warm water when they desire to make negative impressions of teeth and gums. The tool handles thus enlarged are negative impressions of deformed hands and fingers. They fit the hand perfectly and bulge out large enough to compensate for the limited flexion of crippled fingers and thumbs. When I realized that the soldiers had not only relieved me of every pound of dental compound but were actually taking it from each other I was more than gratified with their willingness to work as soon as work could become possible. When not at work they wore in their palms elastic gelatin pads that forced the fingers into extension. It is contrary to youthful nature to permit an elastic pad to push the fingers into extension without contesting that push. So he squeezes back, and we know that every squeeze and every extension means progress toward normal function. So much the army knew of the method and just so much was ably published by Major Shufeldt. There is much more of importance to be published because it is useful in other kinds of work not represented by weaving oriental rugs or making jewelry or painting or sculpture or carpenterwork or weaving baskets. I shall now submit another item which through no fault of mine was not included in the incomplete



method published so widely. I have later learned why the article was incomplete. Also I have learned among other military matters that there is a right way, a wrong way and an army way of doing all things. In the army and in civil life crippled hands vary in type and degree of flexion and potential possibilities. All types can not be considered here. We must content ourselves with the remarks concerning the average.

If a hand was only one-half flexion and we half fill the hand with some permanent or removable material then we have restored full clasp or grip.

In such a case the dental compound may be used to fit the palm with one side while the opposite side may be grooved or appropriately modeled for special or general purposes to clasp

what is put between it and the fingers. This palm extension or "finger" as it is frequently called may be held in place by a loose fitting glove whose fingers are on or cut off to provide digital tactile sense. The palm extension may be single or divided. It may be held in place by a spring or strap or by projections of the dental compound. Each case will present special features to be met by the ingenuity of the surgeon. There may be several palm or finger or thumb extensions for every defective hand in order to widen the range of usefulness.

Believing this one item in the general method of restoring hands and fingers will some day be coupled up with the fragment now used in the U. S. hospitals and in large industrial hospitals as well as in private practice, I gladly submit it for what it is worth.

#### KING GEORGE, THE TRAVELER

The most traveled sovereign since the Roman Emperors Hadrian," was Earl Curzon's description of King George, after the latter's speech in the city of London recently. Few people realize the extent of King George's travels. He has seen four times as much of the globe as any other royalty, ancient or modern. As prince and sovereign he has journeyed more than 200,000 miles by sea and land. He has visited Canada six times, India four times, South Africa three times and Australia twice. There is hardly an important portion of the British Empire on which he has not set foot. In Europe he has repeatedly traveled in all countries except Holland and the Balkans.

#### THE OLDEST WOMAN

In Prussia today there lives a woman who has completed her one-hundred-and-twenty-fifth birthday. Census officials have been interested in her case for the last fifty years, first on account of her marvelous memory, and more lately

because of her longevity. She is now almost blind, and bent fairly in two with rheumatism. She has been transferred, within the last year, to a Catholic institution where she will be cared for, her children having all died, one son recently at the age of eighty-nine. Another was a Jesuit priest, who died in 1910 at the age of one hundred. Her daughter died the very day the mother attained her one hundred and twenty-fifth year, age ninety-four. She had, in all, ten children, three dying in infancy. Her descendants number nearly three hundred, counting many great-grandchildren. Her married life extended over eighty-five years, and she has been twenty-five years a widow. She was married in 1801, at the age of fifteen.

Until five years ago she remembered perfectly the Napoleonic wars and prominent officials of Prussia consulted her as to happenings which were matters of historical dispute in the vicinity of Germany where she first saw the light. In order to confirm his dates, an Italian historian, ten years ago, traveled to Prussia to interview her at the suggestion of the keeper of archives in Potsdam.

# INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

## EDITORIAL

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## THE MOVIES IN MEDICINE AND OTHER SCIENCES.

It is difficult to predict to what extent the movies may be an adjunct to science. The doctor can read of the results of research work which has been accomplished by the laboratory worker after many hours of toil which has been guided by a trained scientific mind. The mind of the reader pictures these results from printed matter but all will not accept the opportunity to read of new discoveries. Many doctors neglect reading medical journals. Several have said to me that the National Association Journal is received and yet rarely the wrapper is taken from it. Doctors read too little. Such persons are kept afloat by the medical societies. But what about the doctors who do not attend medical societies, "may the Lord have compassion on their souls."

In natural history birdlife is pictured on the screen from egg formation to the beautiful feathered songsters. Even the chick in the incubator is seen coming from the shell. Surgical operations and wound repair are seen also. We can also form an adequate idea of all the microscopic organisms. We know more about the pathology of diphtheria, typhoid fever, tuberculosis and the end is

not yet. The Literary Digest for June 28, in a few lines calls our attention to microscopic movies in commenting on the work of Arthur G. Eldridge.

Scientific research is making more and more use of the moving picture, especially of such pictures in combination with some other device. The slowing-up of rapid motion so that it may be analyzed with the unaided eye is employed now, not only to enable spectators at a movie theater to see dogs float gracefully over a fence, but to aid the scientific investigator to study all sorts of swift processes. Coupled with microscope, the moving picture camera not only reveals mysteries to the research worker, but enables him to show them on the screen to hundreds of students at once. Arthur G. Eldredge, writing on "Photography in Research" in Chemical and Metallurgical Engineering (New York, May 15), speaks of the motion picture as surpassing all other photographic methods in science. He writes:

"In this instrument we have a tool outstripping the magic of Aladdin. It tells things we would not dare dream. It may prove beyond contradiction things beyond the wildest conjecture. Our eyes are something of a compensating instrument—they can interpret only slow mo-

tions, and by reason of the persistence of vision are a complete failure in splitting seconds. Not so the motion picture; with it consecutive pictures of a moving object may be made with exposures varying from one-fifth of a second to one ten-millionth of a second. Pictures taken at excessive speeds, when projected at the normal rate of sixteen exposures per second, permit one to analyze the motions and to understand things entirely beyond ordinary vision.

"In the field of research men are endeavoring to uncover the unknown, to do the 'impossible,' but are far too slow in adopting photographic methods. The moving picture and the microscope can see a million times quicker and smaller than the eye. Unaided vision can recognize a two-hundredth of an inch, but not interpret it, while motions quicker than a tenth of a second run together; one can not separate them. How, but for the microscope and photography, could we know the vast world beyond? It can show what is happening right down to the bare bones of matter and force. . .

"The little work which I have done in this field and the consideration of other special problems lead me to think that the motion camera with an without the microscope offers a means of research the value of which we can hardly predict. The field of application is as wide as human knowledge. Processes and reactions in the natural sciences and phenomena in the physical sciences will unfold many opportunities as we search for new facts. Special apparatus has been constructed whereby consecutive exposures can be made, each in one ten-millionth of a second. With such a tool the transmission and reaction of sound waves might be quite readily photographed in motion.

"One day some one may record the passage of electrons discharged across a vacuum. We can hardly set a limit."

Again making reference to surgery as taught by the films, Dr. George Sutcliffe in the Educational Film Magazine, says:

"The utilization of films as a method

of teaching, has 'made good' in every field, but in no sphere of education has it proved of more service than in that of surgery. Perhaps the greatest difficulty that professors of surgery have had to overcome is the practical demonstration of technique at operations to a body of students. For many years most of the major operations have been demonstrated on the cadaver. The experience thus gained by the student is, however, of doubtful value, as when confronted with the actual operation, the severing of capillaries and consequent hemorrhage confuse the beginner to such a degree that he is often anxious to quit then and there."

S. E. E.

#### DEALCOHOLIZED BEER.

Beer has not been popular as a remedial agent, except when there has been some enjoyment in its use as a beverage. At least this is probably true in the majority of cases. If alcohol is of an advantage to the human body it may be just as well that beer be the medicine, but as an agent to cure diseases it is evident that it is not needful. Those who make money from its sale are the ones who are clamoring for the continuance of its manufacture.

If the near beer does not possess the "kick" or "pep," to use the common phrase, it simply means that the sensation produced by alcohol is absent because the taste of near beer should not differ from ordinary beer, because alcohol has no taste. It is necessarily the sensation, no matter whether it be the immediate action on the mucous membrane of the oral cavity or the effect after absorption into the blood.

The Literary Digest for June 28, says that next to making a drink with a vanishing alcoholic content comes the art of making an ordinary alcoholic drink, and then taking the alcohol out. As pure alcohol is tasteless, the residue retains the flavor of the original, although, as the Pullman porter said, "It lacks the authority." As Uncle Sam,

however, objects to authorities that come into conflict with his own, every brewer in the United States will soon have either to shut up shop or adapt his plant to changed conditions. Says Popular Science Monthly (New York, June):

"Some of the brewers have already made radical changes, turning the costly equipment of their plants to work on new, unfamiliar, yet profitable products; others are preparing to quit business of any kind; a few believe that future legislation will permit them to brew 2 per cent beer, and they are relying on the ingenuity of the expert industrial chemist to discover a way to save machinery that cost the brewer millions of dollars from going to the scrapheap. The manufacture of wholesome soft drinks or of spirituous beverages with alcoholic kick taken from them seems to be one way out of the situation. A new and improved process for removing or reducing the alcohol in any kind of alcoholic beverage, especially beer, has been invented by Herman Heuser, of Chicago. Broadly speaking, this process consists of continuously flowing the beverage in a thin sheet or film over the vertical or inclined zone of an evaporator, preferably a vacuum pan, all the while subjecting the liquor to intense latent heat of steam between the walls or shells of the container. By this means the beer is boiled momentarily and its alcoholic content is instantaneously reduced. In the case of beer, in prior processes, prolonged boiler at high temperatures results in a brew which, though safely de-alcoholized, has a distinctly unpleasant taste and odor. By the Heuser process, it is claimed, the original quality and characteristics of the beverage—such as taste, color, odor, and foaminess—are retained, owing to the quickness of exposure to the boiling action."

#### CONVICTION OF DR. WILKINS.

At Mineola, N. Y., Dr. Walter Wilkins, an old man, committed suicide in the jail. A jury had decided that he should die in the electric chair for killing his

wife. He said that burglars committed the deed, but it was claimed that there could have been no motive on their part, and on the other hand it did not seem reasonable that he could kill his wife for her money, when he had always been given an ample supply of it by her. All witnesses testified that the relations between the couple were harmonious. The evidence was purely circumstantial and to electrocute a person upon circumstantial evidence to say the least is unfortunate. In fact we do not believe there should be capital punishment in any case, much less, upon circumstantial evidence. His suicide is by no means an acknowledgment of guilt, for in his declining years almost positive death was staring him in the face, and death came just a little bit sooner.

The Indianapolis Star for July 2, said:

"Perhaps the incident that led to the verdict more than any other was that that after the shooting, though before he knew that his wife was dead, he did not follow her immediately to the hospital, but took his pet dogs out for a run. This certainly showed either indifference or a failure to realize that she was fatally hurt, but if he were guilty it also showed a singular lack of caution and shrewdness. He must have known that his act would arouse suspicion or at least criticism. It is one of the queer crimes, of which there are many, whose mysteries are never cleared up." In Indiana we had the Hinshaw case. The jury did not think that the burglar theory was of any consequence and even though Hinshaw had some wounds upon his person, it rather had a tendency to detract from the theory and he was given a life sentence. A large number of people thought there was some question about his guilt, and there was much sympathy for him. However, his conduct during his parole and at other times was accepted unfavorably by the public, and the keen interest that heretofore existed vanished. Very many who believed him innocent now have a doubt and others are inclined to believe that the life sentence in the case of Hinshaw was warranted. S. E. E.

## ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators.

### SPOROTRICHOSIS.

Sporotrichosis is a parasitic affection due to the sporotrichum *Beurmanni*, a growth very closely related to the trichophytons. The affection is common to both man and animals, producing identical lesions in both. It is transmitted to man externally from animals or vegetables when a lesion of continuity is present, or internally by the mucosa of the mouth or pharynx. The disease is characterized by subcutaneous gummata, with or without ulceration, scattered over the body surface and undergoing a slow evolution. The muscles, bones or viscera may become involved. Microscopically, the lesions are characterized by the presence of sporotrichotic nodules with the parasite, polynuclear cells and giant cells contained within macrophagic cells. The surest means of making a correct diagnosis is by culture on malted gelose at the room temperature. The organism will appear on the culture medium at the end of a week and is colored a deep black. The diagnosis may also be made by the Widal-Abram sporogglutination test, the intradermic or cutireaction and direct microscopical examination of scrapings from the lesions. The differential diagnosis must be made from syphilis, tuberculosis, osteomyelitis, epithelioma and sarcomatosis. Sporotrichosis must also be differentiated from other mycoses.

It is well to consider the treatment of this interesting disease somewhat in detail. The therapeutics were considered essentially surgical until the specific action of potassium iodide was discovered. At present the treatment is entirely medical, consisting of a local and general treatment. Locally, if the gumma is subcutaneous, it is treated by applications of tincture of iodine every three or four days. If the gumma has ul-

cerated it must first be deterged with dilute peroxide of hydrogen. Crusts are made to fall by the application of moist antiseptic dressings, while should fistulae be present, the tract is injected with a ten per cent alcoholic solution of iodine. When the ulceration is on the road to cicatrization its edges may be touched with tincture of iodine or a silver nitrate stick.

The gummata may also be treated by subcutaneous or intramuscular injections, made on its circumference, with the following solution:

Metallis iodine.....50 centigrams;  
Potassium iodide .....1 gram;  
Distilled water.....300 c. c.

These injections have been known to cure the gummata in cases where the internal exhibition of potassium iodide was contraindicated, as for example in pregnancy.

Serotherapy has also been resorted to, the serum having been obtained by subcutaneous injections of the sporotrichum made in several rabbits. After six daily injections of five cubic centimetres of an emulsion of the sporotrichum in normal salt solution, the animals were killed, their serum collected and injected into the patient at the dose of from seven to fifteen cubic centimetres once a week. These injections were well borne by the patient, causing some pruritus which was controlled by giving three grams of calcium chloride daily, for two successive days. These injections had little effect on the morbid process, but Achard and Ramond believe that perhaps if the rabbits had been treated for a longer time with more virulent spores than those used, an active serum might be obtained.

For the general treatment of sporotrichosis, potassium or sodium iodide are the only really effective drugs. They

can be administered either by mouth or rectum. The rectal administration is to be resorted to only when gastric intolerance arises. The iodides should be given in progressively increasing doses, beginning with a small daily dose of fifty centigrams for one week, then one gram for a fortnight, and finally attaining two, four, six grams daily. Occasionally the patient may show a slight intolerance for a few days, made manifest by weakness and gastric disturbances; at other times by an eruption of acne, pemphigoid bullae, urticaria or patches of erythema, in which case the drug must be stopped. The iodides predispose to hemorrhage, therefore, before administering large doses the physician should see that the patient is not hemophilic or a tuberculous subject given to hemoptysis. In these cases the dose of the drug must be moderate. Should intolerance be marked iodipin is to be given in place of the iodides. Other-

wise, the iodide must be given for a considerable time after a cure has been obtained in order to avoid any possible recurrence of the infection.

The iodides are, as I have said, the only specific for sporotrichosis and a cure may be obtained by their use in about one month. Their action on the parasite is unknown. The organism grows well in broth containing ten per cent iodide of potassium, likewise in a 1:1,000 sublimate solution. If the iodides possess an antiseptic action as was formerly supposed, it is probable that that they undergo a transformation in the human body and the new compound thus formed and which has not as yet been determined acts directly on the parasite.

Part of an article on clinical notes from France in New York Medical Journal, June 21, by Dr. Charles G. Cumston, Geneva, Switzerland.

#### TO REMOVE DRUG STAINS FROM SKIN AND LINEN.

Mankiewicz mentions, for iodine, moistening with ammonium or sodium thiosulphate. For silver nitrate, washing with a 10 per cent. solution of potassium cyanid or 10 per cent. potassium iodid. The yellow silver iodid spots are removed with sulphurous acid. He says that 10 parts each of mercuric chlorid and ammonium chlorid in 80 parts water will clear the skin of silver nitrate spots. For chrysarobin, rub with benzol (benzene). For resorcin, weak citric acid. For picric acid, leave the spot in contact with potassium sulphate for one minute then wash with abundance of soap and water. Or apply a paste of magnesium carbonate in water to the spot and after a time rub it off. Old pyrogallol spots cannot be removed. More recent spots can be treated by warming in contact with a 10 per cent. solution of iron sulphate until it turns a bluish black; then apply water freely and afterward a solution of an ovalate, rinsing abundantly. The procedure has to be repeated. For coal tar colors, spirit of soap.—J. A. M. A.

#### THE EFFECT OF COFFEE ON THE SKIN

Coffee affects the skin. It produces pruritus, especially of the anus and vulva. In other cases it gives rise to pruritus of the forearms, the thighs and the legs, or the chest. Coffee renders certain skin diseases itching when they are not ordinarily so, or when they are itching from the start, it increases the pruritus. Sometimes it leads to a change in the form of the eruption, and produces acute exacerbations in chronic skin diseases. Perfetti reports in his thesis the following history. The women of one of the wards of the Brocq Hospital clubbed together for the purpose of presenting a bouquet to the chief of the service, Mr. Brocq, in honor of his birthday. In return the latter offered them their choice of champagne or coffee. They voted for coffee, which was given to them, of very good quality. On the following day, of the twenty women with inflammatory diseases of the skin, five developed acute exacerbation.—Prof. Gouget in Critic and Guide.

## NURSES' TRAINING AND NURSES' TITLES.

It is probably true that in normal times there are enough trained nurses to supply the demand among people who can afford to employ them. But there are numerous cases of illness every day where a nurse ought to be in attendance, but the patients make shift to do without one because of the expense.

A shortage of nurses thus actually exists at all times, though for economic reasons it does not make itself evident. The legislation proposed at Springfield is designed to alleviate this condition by creating a new class of nurses whose course of training would be shortened to one year. No one contends that these nurses can take the place of the present registered nurses who have received the regulation three years' course, but it is urged that they would be competent to take care of an ordinary case of illness.

From the standpoint of the public it is surely desirable that there should be this second class of nurses. The poor man thus ought to be able to obtain nursing assistance at a cost that would not prove prohibitive. And in case an epidemic should arise the city would have a large supply of nurses to draw upon. During the influenza epidemic many people were glad to employ women with little or no bedside experience.

On the mere score of competition we do not think the registered nurses have much to fear, provided the distinction is always kept clear between the two classes. The trained nurse is still regarded as a luxury of the well to do, and if the new class of nurses serves to break down that conception it ought to widen the field for the nurse of superior training. If the man of average means gets into the habit of employing a nurse he will probably demand a nurse of the best qualifications for every case of acute illness that occurs in his household.

The problem is to find terminology which will prevent any confusion as to which type of training a nurse has com-

pleted. Some of the suggestions offered seem to place a handicap on the nurses of the second class. We think it unwise to convey the impression that they are incompetent, because, if they receive the right kind of training, they will not be incompetent to handle certain kinds of cases. Other suggestions seem to err on the other side by failing to insure a clear line of demarcation. It ought to be possible, however, for the legislature to work out satisfactory designations.

We are in sympathy with registered nurses' demand that certain restrictions be placed upon the kind of work which the second class shall be permitted to perform. A three years' training surely ought to be the prerequisite for filling such positions as superintendent of nurses, instructors and public nurses. Other restrictions perhaps ought to be adopted, but always with the provision that the nurse of the second class can become eligible by completing the two years' additional training.—Editorial Chicago Tribune, May 14.

## SALE OF ALCOHOL FOR MEDICINAL PURPOSES.

Stringent regulations governing the sale of alcohol for medicinal purposes were issued June 30 by the bureau of internal revenue. "Physicians may prescribe wines and liquors, for internal uses, or alcohol for external uses," the regulations said, "but in every such case each prescription shall be in duplicate and both copies be signed in the physician's handwriting. The quantity prescribed for a single patient at a given time shall not exceed one quart. In no case shall a physician prescribe alcoholic liquors unless that patient is under his constant personal supervision.

All prescriptions shall indicate clearly the name and address of the patient, including street and apartment number, if any, the date when written, the condition or illness for which prescribed and the name of the pharmacist to whom

the prescription is to be presented for filling.

Similar detailed restrictions on the sale of alcohol by drug stores were promulgated. All prescriptions must be preserved and once a month a list of physicians prescribing alcohol, the names of the patients and the total quantity dispensed to each patient during the month must be transmitted to the collector of internal revenue.

Pharmacists were advised to refuse to fill prescriptions if they had reason to believe that physicians were dispensing for other than strictly legitimate medicinal uses or that a patient was obtaining through several physicians quantities in excess of the normal amount.

Liquor dealers, wholesale and retail, having stocks on hand may sell to pharmacists holding permits until the present stocks are exhausted.

Alcohol for internal use must pay the tax of \$6.40 a gallon, while alcohol medicated to render it unfit for beverage use will be taxed at \$2.20.

Wine used for sacramental purposes may continue to be made in quantities not exceeding 100 gallons, if production and distribution are entirely under clerical supervision. It must pay the usual tax. Collectors were ordered to investigate carefully and report fully to the commissioner any complaints that existing regulations were inapplicable to the established procedure of any recognized religious body.

Nine physicians and three dentists were recently indicted by the federal grand jury for purchasing whisky and dispensing it in their offices. If they were ignorant of the law it is evident that they do not read this Journal, for upon this subject we have frequently given warning.

#### PRESERVE THIS WAR DATA.

##### Cause of the War.

Five years ago, June 28, 1914, Francis Ferdinand, Austrian archduke, was assassinated at Serajevo.

His death gave the excuse for the

world war, which ended today with the signing of the treaty of peace.

The shots which led to the war were fired by Gavrio Princip, a student. He leaped from a crowd watching the archduke and his wife, as they drove by in a carriage, and poured a stream of bullets at them from an automatic pistol.

Shortly afterward Austria made demands on Serbia for a hand in the Princip trial. These demands resulted in international complications—and the war.

Prinsip died in jail.

#### Important Dates in World War. 1914.

June 28—Austria-Hungary declared war on Serbia.

July 29—Austrians began hostilities.

August 1—Germany declared war on Russia.

August 3—Germany declared war on France.

August 4—Great Britain declared war on Germany. Germany declared war on Belgium. Wilson issued neutrality proclamation.

August 6—Austria-Hungary declared war on Russia.

August 15—Liege fell.

August 23—Japan declared war on Germany.

September 5—Battle of Marne began.

October 29—Turkey declared war on Russia.

#### 1915.

May 19—Lusitania torpedoed.

May 23—Italy declared war on Austria-Hungary.

October 24—Bulgaria declared war on Serbia.

#### 1916.

February 21—Germans attacked Verdun.

May 31—Battle of Jutland.

December 5—Germans captured Bucharest.

#### 1917.

January 31—Germans proclaimed unrestricted submarine warfare.

February 3—Wilson severed diplomatic relations with Germany.



February 25—Laconia torpedoed.  
 April 2—Wilson read war message to the congress.  
 April 4—Senate passed war resolution.  
 April 6—House passed and Wilson signed war resolution.  
 April 14—House passed \$7,000,000,000 war revenue bill.  
 June 8—Pershing arrived in London.  
 June 26—First American regulars arrive in France.  
 October 26—First Americans entered trenches.  
 November 7—Kerensky deposed.  
 December 8—British captured Jerusalem.  
 December 12—Wilson issued war proclamation against Austria-Hungary.

1918.

March 3—Brest-Litovsk treaty signed.  
 March 21—Great Britain offensive began, between Arras and La Fere.  
 May 6—Bucharest treaty signed.  
 May 27—Germans began Soissons-Rheims offensive.  
 May 28—Americans took Cantigny.  
 June 6—Americans smashed Germans at Chauteau Thierry, turning point of war.  
 June 11—Americans captured Belleau wood.  
 June 23—Austrians driven across Piave.  
 July 15-16-17—German peace offensive smashed.  
 July 18—Allies began counter offensive.  
 August 4—Americans took Fismes.  
 August 25—Allies smashed Hindenburg line.  
 September 12—Americans reduced St. Mihiel salient.  
 September 26—Pershing started Argonne offensive.  
 September 30—Bulgarians quit war.  
 October 31—Austrians routed.  
 November 1—Armistice granted to Turkey.  
 November 3—Austrians signed armistice.  
 November 11—Germans signed armistice.

Interesting Dates in Peace Conference.  
 1918.

December 13—President Wilson arrived in France.

1919.

Jan. 18.—Conference of allied delegations formally organized.

Feb. 14—Covenant of league of nations completed.

Feb. 15.—President Wilson left France for United States, returning to France on March 13.

April 14—Final provisions for treaty with Germany completed.

April 16—Germans invited to send peace plenipotentiaries to Versailles.

April 23—President Wilson gave out statement on Fiume, precipitating crisis over Italian claims and causing withdrawal of Italian delegation from conference.

April 28—Revised covenant of league of nations adopted by peace conference, and Geneva selected as place for permanent seat of league.

May 1—German delegates, headed by Count Brockdorff-Rantzau, arrived in Versailles.

May 7—Peace treaty presented to Germans; Italians returned to conference.

June 2—Treaty for Austria presented to Austrian plenipotentiaries.

German National Assembly voted to sign peace terms presented by allied and associated powers; allied chiefs rejected German plea that reservations regarding responsibility and surrender of criminals be made.

June 23—Germans announced that they would sign treaty without reservations.

June 28—Treaty of peace ending World War signed at Versailles.

THE KIDNEY AND INFLUENZA.

The general infection arising in influenza not infrequently involves the renal gland. The renal forms of the grippe, not commonly recognized in general, possess so much importance that two distinct classes of patients can be estab-

lished, namely, those in whom the kidney remains intact and who merely follow the customary destiny of the pleuro-pulmonary complications should these occur, and, secondly, those patients in whom the kidney becomes involved in the general infection, with the result that the clinical picture, prognosis, and treatment undergo a fundamental change.

In its simplest form the renal involvement makes itself manifest in the shape of a massive albuminuria, while the more serious types are represented by an acute urinogenous nephritis, a number of examples of which have been recorded during the past few months. Between the two extremes, the renal insufficiency assumes intermediary types, particularly the asphyxic form from hyperacute pulmonary edema, which appears unquestionably due to this pathogenesis and represents a pure example of respiratory uremia. The participation of the kidneys may be easily overlooked, because it takes place along with other very serious visceral complications of influenza, and a careful search is required in order to detect it.

The prognosis of influenza is greatly exaggerated by renal lesions and the majority of fatal cases are among those who presented marked albuminuria, while rapidly fatal cases with death in a few hours from acute pulmonary edema, or in a few days from acute uremia, are the results of renal insufficiency. The study of the renal functions during the evolution of the grippe is, consequently, of the utmost import and requires a daily analysis of the urine. In cases of massive albuminuria the outlook should be regarded as that of renal disease, the influenza itself becoming a secondary matter. Therefore, the treatment of renal insufficiency should at once be resorted to, without awaiting further developments, while should uremic manifestations ensue, the classical treatment must be adopted without delay.—Editorial Medical Record, June 21, 1919.

#### SYPHILIS AT ARMY BASE HOSPITAL.

Ross and DeFoe contributed an article to the Virginia Medical Monthly, June, 1919, with the following deductions:

No one sign, either laboratory or clinical, should be depended upon for the diagnosis of syphilis, but the laboratory and clinical signs should be closely examined and conclusions reached by a study of all the information available, never forgetting that the diagnosis of syphilis was made long before the advent of the Wassermann.

The ideal time to begin treatment in syphilis is before the appearance of the positive Wassermann during the primary stage. This should be our aim in our future relations to the treatment of this disease.

Nine per cent. of our chancres were multiple while thirteen per cent were of the mixed variety; that is, both chancres and chancroids were present.

Primary syphilis can be diagnosed and all active lesions healed in twenty days, with an average administration of three doses of arsphenamine and two injections of mercury.

Secondary syphilis can be diagnosed and all active lesions healed in sixteen days and with two and a half doses of arsphenamine and two injections of mercury.

The administration of arsphenamine is not without danger and it should not be administered except when indicated, which indication is the existence of syphilis, active or latent, and then only under the best conditions possible, and by one who can meet any emergency that may arise.

The negro is more amenable to treatment than the white man, as shown by the length of time spent in the hospital by the two classes of patients.

#### AMERICAN STUDENTS AT FRENCH UNIVERSITY.

Two hundred and ninety-eight Americans in khaki are studying at the Uni-

versity of Bordeaux, sixty of them in the College of Medicine. They come from forty-four states of the Union, Canada, and Nicaragua, the New York delegation leading off with twenty-seven members, and they are alumni of universities from Harvard to Washington. There are 1,200 of them at the University of Toulouse, but the Journal de médecine de Bordeaux comforts itself with attributing to the "tres sympathique Lieutenant Wildermann," in charge of athletics among his compatriots, the reflection that one American at Bordeaux is worth five at Toulouse, so that the advantage is with Bordeaux.

Meanwhile the Bordelais seem to be divided between friendliness for and amusement of the visitors. The American students had been at the university only a few weeks when they had their own paper, which goes under the name of Voila. They conclude that the labyrinth of Crete had nothing on Bordeaux, and their opinion of the climate is summed up in the weather prediction from the first page of Voila: "Tomorrow, rain. Remainder of week rain"; the following issue eight days later bore the announcement, "No change."

The French universities are filled with youth again after the long emptiness of the war. It is appropriate that some of the American youth who helped save French culture should mingle with the returning throng.—New York Medical Journal.

#### PHYSICAL EXAMINATIONS.

When a patient is in condition for an overhauling no physical examination can be too thorough. Errors in diagnosis are more often due to lack of careful examination than to ignorance on the part of the physician. There should be no hesitancy in getting down to the bare facts—that is, to the skin, and the examiner should not forget that the patient has a back as well as front and sides to his body. The physician need not consume great time in his examination, in fact, he should school himself to see, feel,

and hear much in a short space of time, but he will do well to take all the time necessary. The patient appreciates his carefulness and is usually willing to pay accordingly.

When the patient is not in condition for such a going over, however, it is most unwise to subject him to more than this, in fact, may jeopardize the chances of recovery of the sick. The daily examination in a case of lobar pneumonia to discover just how much lung is involved helps not in the least towards the patient's recovery and may be the means of ending his earthly career. Whether the patient is dangerously ill or not, a superfluous examination is neither useful to the physician nor impressive to the patient, the latter beginning to suspect that he is worse off than is really the case. This matter of the extent and frequency of examinations is often a nice one to determine. As in treatment, the physician should stop short of doing harm, in which case he will be sufficiently thorough without being too thorough.—Editorial New York Medical Journal, June 21, 1919.

#### EYESTRAIN.

C. P. Emerson, Indianapolis (Journal A. M. A., June 21, 1919), while mentioning the former diagnoses of neurasthenia, etc., which were so commonly made, calls special attention to eyestrain in persons whose original nervous makeup is such that this strain alone can at least modify a syndrome due primarily to some other injuring factor. He would not advertise it as the sole cause, and the real origin is more likely to be in the neuropathic constitution of the patient, himself. Many are greatly relieved by proper correction of errors of refraction, but they cannot be helped by the ophthalmologist alone any more than they can by the internist independently. The symptom of eyestrain of which one hears the most is headache. Headaches of nasal origin or intracranial disease are excluded. The direct or simple headaches with pain in or near the eyes following close eye work are

recognized, but the more complex ones, which might seem to depend more on gastro-intestinal causes, need careful study. They are acute diseases as much as pneumonia or malarial chills and are due to a chain of causes for which the patient himself, but not the eyestrain, is to blame for the paroxysms, which may be considered as defensive crises like the crises of a type peculiar to the patient's nervous constitution. The definite cause is often other than the eye. The eyestrain is a continuous one, but spells of headache come on at intervals. How to explain the infrequency of headaches due to a continuous cause would be difficult if they were the direct result of such cause. The eyestrain need be no more marked during a menstrual period or constipation when the patient suffers. There are many individual differences, but there are some characteristic differences from other kinds of attacks. In the eyestrain headache, the pain is superficial, the patient is hyperesthetic, there is usually demonstrable in nasal headache slight mental reduction which is not observed here. Reflex phenomena are common, and cerebral symptoms and trophic changes may occur. Children practically never have such, nor are they present after presbyopia is well developed. They begin and end together with functional activity of the ciliary muscle. In addition to the headaches we can observe other phenomena which are equivalent. They may occur at any age, but they appear mostly in childhood. Such are the causeless attacks of temper which Emerson considers headache equivalents, and are usually accompanied with duller pain or psychic depression. In a few cases proper glasses will relieve the condition, and still oftener lessen it. Headaches, however, are not the most common or most important results of eyestrain. Train-sickness, sea-sickness to a certain degree, vertigo, hypersensitiveness to certain colors are mentioned as other examples. Lastly, the eye is actually a part of the central nervous system, and may be the cause of

some mental troubles. It may help to explain some phobias such as agoraphobia, which may be helpful in treating some cases in crowded cities. Another mental feature in which eyestrain may make itself felt is in the realm of dreams; dreams of falling, etc. One patient, whenever her glasses needed correcting, would be aware of it from her disagreeable dreams. Emerson speaks here, also, of family or inherited headaches. He says that the anatomic conditions that lead to eyestrain certainly are sometimes inherited. Ophthalmology has become such a specialty that many persons go directly to the oculist that might better see the family physician. Sight is often dearly paid for and the eye muscles are small but they may cause great fatigue. To judge of the normal vision of an individual needs very careful refraction study, and he says ophthalmologists are often remiss in reporting to the patient's doctor, as to all the conditions. The competent ones treat the eyes with optical instruments and claim to do nothing more. It is fundamental that all the error should be determined before its correction is attempted, and this requires complete analysis of the accommodation for the time. The ophthalmologists who have helped us most always begin with a careful retinoscopic examination to get the general lay of the land and guard against any gross error that the patient has learned to suppress. They insist that the distance of the patients in the retinoscopy should be accurately measured and not merely estimated. They use the subjective tests to confirm the result. Then comes the question of muscle balance, muscle strength, ciliary hypertrophy, etc. He begs the ophthalmologist not to fatigue the patient too much, and to allow the internist some voice. In the case of the average patient the oculist may follow some general rules with average good results, but the internists have examined them as individuals and not as seeing mechanisms. The paper ends with a plea for ophthalmologists to co-operate

with the physician. Can not he and the ophthalmologist talk over the patient and together decide on the correction?

#### MANIC-DEPRESSIVE PSYCHOSES.

By Frank W. Langdon, M. D., Cincinnati, Ohio.

(Excerpt.)

**Treatment:** The principles of treatment of manic-depressive insanity are few and simple.

**First:** Protection of the patient from attempts at self-injury.

**Secondly:** Rest, physical and mental.

The securing of both objects means, as a rule, removal from accustomed surroundings (including relatives and friends) to a hospital, where visitors and letters may be interdicted at the discretion of the physician. Many a manic-depressive has experienced an active recrudescence of a subsiding attack following a relaxation of this rule.

It must be borne in mind that the patient is sick, physically as well as mentally, and that emotional elation, "flight of ideas," social diversions and motor hyper-activity all mean work, mental and physical, and eventually exhaustion unless the patient gets rest and food. Diversions and amusements have no place in the acute state of the disease. Even in states of emotional depression, there is also depression of physical strength as shown by the dynamometer, etc., which is also an indication for rest.

**Thirdly:** Nutrition, including, of course, appropriate attention to elimination. Diet should be good, plain and liberal in variety and quantity, including a proper proportion of raw "greens" and fruits. In case of refusal to eat solid foods, liquids must be administered at frequent intervals, by tube if necessary. Water in abundance, internally and externally, is a very important nutritional aid. Gain in weight is an excellent prognostic indication.

**Fourthly:** Symptomatic indications: (a) to promote sleep. In the excessively active and exhausted, nothing is so good

for this purpose as the prolonged tepid (not hot) bath (96-98 F.) for one-half hour to two or three hours if needed. A dose of some bromide or of sulphonal or hyoscine may be a useful preliminary to the bath in very excited patients, but as a rule does not need repetition, since the effect of the bath is so pleasurable and beneficial that the patient takes kindly to it on subsequent days.

Other symptomatic measures include iron, when indicated by the blood state, various phosphorous compounds as Lecithin, Glycerophosphates, etc., for their nutritional effects. The patient who is taking full diet and proper baths needs very little medication.

Dr. Langdon is visiting consultant of the Cincinnati Sanitarium, and Indianapolis physicians were pleased to hear an address by him at an open meeting of the local society, held upon invitation of Dr. Edenharter at the Central Indiana Hospital for the Insane. This journal published his address. S. E. E.

#### ANGIONEUROTIC EDEMA.

E. T. Edgerly, Camp Dodge, Des Moines, Iowa, and F. B. Lusk, France (Journal, A. M. A., June 21, 1919), report a case which they diagnose as angioneurotic edema, differing only from the commonly seen type in its embodying almost all the features of the disease: the hereditary tendency; its appearance at an early age; frequent and persistent attacks, with pronounced local and general manifestations, and a clinical course at times suggestive of an acute infection. They speak of the possibility of confusing it with certain severe systematic derangements or vascular disturbance such as acroparesthesia or the familiar type of edema described by Edgeworth, or even Milroy's disease. One cousin had several similar attacks, and among the brothers and sisters there were others showing the symptoms in varying degrees.

### NEW DIAGNOSTIC SIGN IN HEMIPLEGIA.

E. D. Friedman, New York (Journal A. M. A., June 21, 1919), reports that he has found a differentiating sign of hemiplegia that is of utility in cases of coma and also of value in cases of moderate stupor and confusion. The sign is a unilateral anesthesia of the cornea on the side of the hemiplegia; that is, on the side opposite the lesion. When the abdominal reflexes are lacking this may be the only sign available for early diagnosis. The cornea reflex is a consensual one, and essentially a protective one, apparently belonging to the class mediated through the brain. It can be shown by carefully passing a small blunt object along the conjunctiva to the corneal margin, carefully guarding against reaching the pupillary area to avoid the possibility of exciting a visual reflex which is present even in moderately stuporous persons. Friedman has found this consensual reflex lacking in practically all hemiplegias, with and without coma, but has not had a chance to study this sign in cases of crossed hemiplegia. In looking through the literature, he found only one mention of the subject, that by Millan, who attributed its loss to a lesion of the facial nerve, on which he takes issue with him. If the interference was with the motor arc, the consensual reflex should still appear on the other side, and the sign should also disappear with the return of innervation of the facial nerve, which not infrequently occurs. He has not seen a consensual reflex in his cases, and in some he has been able to elicit the reflex on the paralyzed side by testing the cornea of the healthy side, thus proving that the abolition of the reflex was not due to interference with the motor arc. "The anesthesia of the cornea may be due to the presence of sensory fibers in the motor pathways, which are injured by the lesion causing hemiplegia, or, what seems more likely, is due to Monakow's diaschiasis with radiation of the insult to the sensory tracts. In cases with pure lesion of the motor

tracts, this sign tends to disappear after a few days. In lesions close to the thalamus, there is a tendency for the hemianesthesia to persist." It should be of special value to the ambulance surgeon in the differentiation of comatose states so that he would not be too ready with the diagnosis of alcoholism. In many of Friedman's cases it was the only sign available during coma.

### SURFACE TEMPERATURE.

Dr. M. E. Alexander in the New York Journal for June 21st concludes his article as follows:

1. Surface temperature can be determined by folding the skin over the bulb of an ordinary clinical thermometer and reading it after three minutes' registration. It should be compared with the opposite side.
2. In surgical inflammations of the abdominal viscera (except kidneys), there is no elevation of temperature of the skin overlying them.
3. In unilateral inflammation of the kidney there is frequently a localized elevation of surface temperature.
4. In seventy-four per cent of the cases of unilateral suppuration of the kidney the surface temperature on the affected side was 1 degree F. or more, higher than on the unaffected side.
5. In advanced tuberculosis of the kidney the surface temperature may be lower than on the unaffected side.
6. Determination of surface temperature may be considered an aid in the diagnosis of unilateral suppurative conditions of the kidney.

### THE TUBERCULOUS CHILD.

The following pickings are from an article by Epstein in the Medical Times for April.

Tuberculosis is known everywhere and attacks animals and birds as well as man.

Infancy and childhood are the periods of life most susceptible.

A child born of tuberculous parents may come to this world tuberculous or carry within it the tuberculous diathesis,

that is, a ready susceptibility of the tissues and organs to that disease.

Tuberculosis of the bones and joints is mainly a disease of childhood.

Gross pathologic changes which are evident on physical examination indicate that the tuberculous process has extensively involved some vital organ or system of the body which probably made the condition of the body beyond repair.

The proper time to treat and diagnose tuberculosis in the young is in its incipient or pretuberculous stage. A gradual loss of weight without evident reason means tuberculosis in many cases.

A daily rise of temperature without apparent reason points to tuberculosis.

When there is a persistent rapid pulse above normal and you can exclude cardiac disease, hyperthyroidism, anemia or chronic infection, tuberculosis should be thought of.

Persistent anemia may mean tuberculosis.

Blood spitting, which is frequent in the adult, is uncommon in the child.

Night sweats are not the same significance in the child as in the adult.

Rachitic and debilitated children sweat a great deal when asleep. But, in conjunction with other evidence, it tends to a positive diagnosis.

The physical signs of tuberculosis vary according to the underlying pathological changes in the pleuro-pulmonary system. In the physical investigations of the chest cavity, there may be abnormalities of all kinds and degrees. The contour and shape of the chest wall, the tactile and vocal fremitus, the resonant vibrations, and the transmission of the respiratory sound along the broncho-pulmonary system may all show some deviation from the normal. Lesions in the anterior lung, marked substernal and interscapular dullness, and the D'Espine sign favor a diagnosis of tuberculosis. A positive diagnosis should be based on a combination of symptoms or the correlation of symptoms and signs, aided when necessary by a history of tuberculosis in the family, the

tuberculin test, sputum examination, and X-ray of the chest.

**Prognosis—Prophylaxis and Treatment**—The younger the child the worse the prognosis. Tuberculosis of the meninges, tuberculous pneumonia, and intestinal tuberculosis, all give a gloomy prognosis. A favorable outcome in the other types of tuberculosis depends on the defensive resistance of the little patient, the health of the little patient, the health of the parents, the economic conditions and the surroundings. In tuberculosis prophylaxis is better than treatment. Prevention is a hundred per cent. cure. A child should not be allowed in contact with a consumptive adult or child. Kissing a child on the mouth may transmit tuberculosis. A consumptive mother must not nurse her infant. Milk from a doubtful source should be pasteurized or boiled before it is given to a child. Minor infections of the respiratory tract must receive careful attention. Treatment of tuberculosis consists mainly in increasing the strength of the body by good food, fresh air and plenty of sunshine, so that it may ward off or arrest the disease. Creosote, arsenic, strychnine, quinine, cod liver oil and iron are helpful. The serums and vaccines are still on probation. S. E. E.

#### SEX-GLAND IMPLANTATION.

G. F. Lydston, Chicago (Journal A. M. A., May 31, 1919), furnishes a note on the further progress of the case of the cross-racial transplantation of testes, previously reported by him. The glands were taken from the body of a negro, hanged for murder, and implanted into a white moron with apparent success by L. L. Stanley, surgeon of the California state penitentiary at San Quentin, and the case was included by Lydston in a communication to the Journal, February 8, 1919, "Supplementing his previous report, Dr. Stanley writes under date of February 11, about five months after the operation: The testicles in the case, a report of which I gave you, have since atrophied very little, and the patient has

improved to a great extent. Several days ago he went out to our 'honor camp,' where prisoners are building highways. This camp is about 200 miles distant from the prison, and I shall not have an opportunity to see him until he returns. He is, however, so far improved physically that he is able to do heavy ordinary labor."

#### SUPERSTITION AND CALOMEL.

In certain portions of the United States there seems to be prevalent amongst the laity an idea to the effect that calomel is a drug which is capable of doing great damage and that it ought never to be administered. On the other hand, there are other portions of the country where it is regarded as so absolutely harmless that it is doubtless abused.

In the section first referred to, people feel so strongly about it that they forbid the physician to embody it in any of his prescriptions, and oftentimes seriously impair his efficiency, in a given case, by this limitation of the use of a drug which he believes to be distinctly advantageous.

Part of this superstition arises from the fact that several hundred years ago mercurial preparations were greatly abused in the treatment of syphilis. Certain patent medicine promoters have also endeavored to instill in the public mind the idea that calomel is disadvantageous or dangerous in order to increase the sale of their products, which are said to contain only vegetable laxatives, the thought being that substances derived from the vegetable kingdom must be innocuous, while those derived from the mineral kingdom are deleterious. Of course this idea is nonsense. It is a question of dosage and method of administration.

One of the reasons why the objection to calomel is more widespread in the South than in the North lies in the fact that Southern practitioners usually find the liver more torpid and resistant to the action of calomel than do their

northern brethren, with the result that doses are used in the South far in excess of those ever employed in the North, and if, perchance, these large doses are not swept out of the intestine by adequate saline, or other, purgation when the patient is constipated, sufficient of the mercury may be absorbed to produce evidences of ptyalism. When large doses of calomel are necessary the use of a saline purge within twenty-four hours is a wise precaution which should not be overlooked, but in many cases, certainly in the North, doses of one or two grains can be given at intervals, often without being followed by a more active purge, with success as to hepatic function and without danger of ptyalism.—*Therapeutic Gazette*.

#### THE ETIOLOGIC IMPORTANCE OF DENTAL INFECTIONS.

By B. Barrymore Marco, D. D. S., New York City.

The co-operation of physician and dentist every day becomes more necessary since it has been discovered that so many remote diseases, which heretofore puzzled the physician, have been caused by the teeth. Notable among these are rheumatic fever, neuritis, the heart, arthritis deformans, nephritis, the nervous system, diseases of the stomach and the intestines, the appendix, the blood-forming organs, paralysis, etc.

The mouth is a fine breeding spot for harboring the germs causative of most of the virulent infectious diseases.

The writer has seen many diseases traceable to apical infections or blind abscesses. Some of these have been strange, indeed, because they have caused bodily ailments so far and remotely removed from the teeth, that even the most expert diagnostician would hardly suspect their etiologic importance. On the other hand, in many obscure cases, not a few dentists have recently been too prone to blame the teeth. While experience has shown that these apical infections should never



be regarded lightly, judgment and common sense require that the condition of the teeth be studied carefully and examinations be conducted with thoroughness.

A remarkable case showing, however, the menace of apical infections, came to my attention a short time ago. The patient, a man about fifty, had, some two years before, lost the sight of his right eye. It was removed and he wore a glass substitute. Sometime in September he had considerable trouble with his good eye, noticing a gradual formation of dark, floating clouds, which severely interfered with his vision and threatened blindness. He visited a prominent specialist, who, after treating the eye for a short period without success, suggested X-rays of his teeth, which was done. All of his teeth were found to be vital, except the upper, right, canine root, which carried a pivot. This root showed a well-defined apical abscess. The root was extracted, dropped into a culture tube, and taken immediately to a bacteriologist. A culture was made, and a virulent growth of streptococci was discovered. A vaccine was then made, and this was given four days apart, up to sixteen injections. Other internal treatment was given by the physician, including hot compresses and the inevitable iodide of potassium.

The eye improved slowly, but surely, and now seems entirely well.

The vaccine seems to have effected a further cure than the eye. It seems that the patient, for many years, suffered severely with his intestinal tract. To use his own words, in particular: "A slow diminution of pain in a certain spot of my intestines, where and for a long time, suspected some kind of trouble." (Periodically small ulcers.)

This intestinal trouble seems now to have left him, his general condition is better than it has been for years, he has gained considerable weight, and feels like a different man.—American Medicine, May, 1919.

#### PHYSIOLOGIC USE OF NORMAL SALT SOLUTION.

Geyser, in American Medicine for May, 1919, furnishes the following conclusions:

1. The administration of any artificial serum as routine post-operative practice is questionable therapeutics.
2. Too much water may fatally embarrass the heart.
3. Too much salt may fatally embarrass the kidneys.
4. When fluids can not be taken by mouth, thirst may be relieved by tap water or by isotonic dextrose solutions given by enteroclysis. The dextrose solution is preferable when there is danger of acidosis and in all cases of inanition.
5. When there is a distinct indication for an artificial addition to the amount of the circulating blood-serum this may best be accomplished by the use of dextrose solutions: isotonic (5.1 per cent.) by enteroclysis; isotonic, hypertonic (up to 30 per cent.), or hypotonic (2 per cent.) by intravenous infusion.
6. There are no contraindications for the use of dextrose, but often serious contraindications for the use of saline solutions.
7. In all urgent cases the intravenous method is preferable.
8. Greater care should be exercised to see that all water used intravenously is not only sterile but also non-toxic.
9. In medical practice artificial serums should be more frequently employed: (1) Isotonic or hypertonic after severe hemorrhage, exhaustive vomiting or diarrhea or in cases of extreme inanition; (2) hypertonic in toxemic cases, including eclampsia and uremia; to combat acidosis, or if toxic states, as after anesthetics, gas, morphine, mercury poisoning, etc.
10. The old idea of "flushing out the kidneys" can not be too severely condemned.

**TUBERCULOSIS.****Symptomatic Treatment.**

**Cough**—Purity of air, and rest reduce cough. This is gotten by outdoor life, and full ventilation of the room. To some extent patients can be taught to control their cough, when no expectoration is to come up.

**Smoking** is best omitted.

In hopeless cases, cough is controlled by morphine.

In incipient creosote preparations do well.

Or inhalations of Tr. benzoïn, creosote, eucalyptol, or menthol.

*Cannabis indica*, *hyoscyamus*, or *gelsemium* may be used.

At times, opiates are needed. But in incipient cases, these should not be given, on account of the danger of the habit. Codein is preferred. Heroin may be used.

**Expectoration**—It should not be suppressed. In foul-smelling sputum, antiseptic inhalations can be used; turpentine, iodine, creosote, menthal or eucalyptol.

**Fever**—Fever is caused by active disease. The whole future of the patient depends on the treatment of the fever.

In incipient cases fever demands rest in bed, to prevent the spread of the disease.

The patient is placed in bed outdoors on a porch, or in a room with all windows fully open.

A rise in temperature in chronic phthisis, demands rest in bed till the temperature returns to normal.

In high fever, perfect rest is required.

In certain cases, artificial pneumothorax is an excellent remedy.

**Antipyretics**—These should rarely be used.

**Night Sweats**—Open air treatment is the best prevention. Sleeping in the open air, with light covering, is best.

As aids are used, whisky, or atropin, or agaracin; friction of the body with tepid water, vinegar or alcohol.

**Hemoptysis**—Place the patient at absolute rest in bed. With this, the best remedy is a hypodermic of morphine.

Tying the extremities in copious hemorrhages may save life.

Emetin, salt, nitrates, adrenalin, ergot, atropin, gelatin, calcium lactate, acetate and chloride and blood serum are also used.

Artificial pneumothorax is good in severe cases if we know from which side the bleeding occurs.

**Diet in Hemoptysis**—Hot and solid foods are avoided. Give less liquids, no stimulants.

Control the cough by codein or other opiate, till the hemorrhage is over.

**Dyspnea**—Toxic dyspnea, due to active disease, is treated by rest. For dyspnea at night in the later stages, opiates are used.

**Cardiac Weakness**—This needs rest in bed. No stimulants, and excitement is advised against.

**Anorexia**—Open air life, regulated exercises, and regular meals, cure. Avoid dietetic errors and overfeeding.

**Diarrhea**—This may be due to overfeeding. It might be caused by tuberculous ulcer, or amyloid disease of the intestine.

The usual diet and remedies are used.

**Treatment of Complications.**

**Pleurisy**—Fluid in the pleural sac is let alone, as it compresses the lung, and favors arrest of the disease. If symptoms of compression on other organs arise, it should be tapped.

**Empyema**—Incision generally causes a badly smelling sinus for life. Therefore, we generally tap repeatedly.

**Spontaneous Pneumothorax**—Rarely this accident collapses the lung, and healing follows.

The severe pain and dyspnea require a hypo of morphine. But if no relief, removal of the air by tapping is needed.

Stimulants are given.

**Hydropneumothorax**—This should be conservative. If dyspnea arises, withdraw some fluid or air.

**Pyopneumothorax**—Treatment does not cure. Operation is followed by a discharge of pus for life. It is wisest to tap often.

**Laryngeal Tuberculosis**—This compli-

cation is best treated by the laryngologist. Many tend toward a cure, especially where the lung improves. The open air rest treatment is demanded.

Lactic acid, argyrol, and methylene blue are used.

Complete rest of the voice is exceedingly important. The patient writes his wants on paper.

For dysphagia, a few grains of orthoform or anesthesin are insufflated before meals. Iodoform, menthol, cocaine or morphine are similarly used.

Injectations of alcohol into the superior laryngeal nerve often give relief to pain.

Otherwise anodynes are needed.

In conclusion, I want to make the strongest plea for the diagnosis of pulmonary tuberculosis in the incipient stage.

In the incipient stage, pulmonary tuberculosis is easily cured or arrested in the vast majority of cases, by the open-air rest treatment, in perhaps six months to a year, and this right in the home climate anywhere. This means very careful histories, and very careful examinations by the general practitioners.—Excerpt from article by Dr. Moses Kahn, Long Island Medical Journal, June, 1919.

#### SYPHILO-DERMO-UROLOGIC MAXIMS.

Let chronic dyspepsia direct your attention to the kidneys.

Suspect lues in cases of patchy loss of hair "after influenza."

Suspect favus in a scaly eruption upon the scalp of a child accompanied by scarring.

Do not absolutely disregard the history of an eruption, especially when given by an intelligent patient.

Thirst, dry tongue and post-renal discomfort are significant of impaired renal function.

If arsenic fails in lichen planus, try mercury, and if both fail try minute doses of antimony.

Above all things, do not massage the prostate in acute involvements of the gland or its adnexa.

The organic preparations of sulphur will often succeed when the mineral ones are not well tolerated.

In preparing a patient for a skiagram, it is highly important that the stomach and bowels be empty.

Herpes zoster is not always the simple affection it would seem to be in old or debilitated subjects.

The scalp should always be examined and treated in every case of psoriasis-form eruption of the trunk and limbs.

The framboesiform syphilide, with its raspberry-like, excrescent lesions, is often very rebellious to treatment.

If you are unable to feel the upper edge of a malignant prostate you may safely conclude it is inoperable.

It is little good to apply an occlusive dressing to a leg ulcer, unless the base is first rendered clean and healthy.

The best means of diagnosis of urethral stricture together with false passage lies in the air distention urethroscope.

Most ointments require to be well diluted with some bland excipient in the case of infants and young children.

Never neglect to inspect the whole cutaneous surface when the diagnosis is not clear from the parts already examined.

In an obscure case of pigmentation of the skin, especially if accompanied with pruritis, always first exclude pediculosis.

The absolute dependence of some urinary disorders upon lesions of the nervous system should not be lost sight of.

Long continuing urethral discharges mean stricture or localization of the gonorrheal process in the glandular structures.

Many a case of scabies gets overlooked on account of the secondary eczematous dermatitis so often associated with it.

It is a great mistake to start tar, either as a lotion or as an ointment, too soon when treating an acute or a sub-acute eczema.

It is unwise and it may be dangerous to cauterize pigmented moles and simi-

lar blemishes upon the skin with strong irritants.

Always beware of a single sore upon the lower lip which refuses to heal, especially if the glands below the chin are enlarged.

Every bullous eruption is not true pemphigus, though this term is often applied to rashes in which bullae are a marked feature.

A teaspoonful of fresh brewer's yeast three times a day in a bad case of furunculosis may do it as much good as a vaccine injection.

The commonest form of iodide rash is acneiform, which frequently becomes pustular. Next come vesicular, nodular and bullous types.

The renal function of patients complaining of aching over the kidneys, thirst and dry tongue, should be most searchingly inquired into.

Try to find out if the patient has been taking some drug or patent medicine when a widespread eruption is causing a little difficulty in diagnosis.

A nicety of bladder surgery is, before opening this viscus to draw off the distending fluid, the bladder being fixed by means of forceps or sutures.

In connection with the correction of the obstructing cause of hydronephrosis, it is well to reduce the size of the pelvic sack by excising a portion of its wall.—U. and C. Rev. Med. Fortnightly, June, 1919.

#### DANGERS OF ATHLETICS.

In the very useful and very important department of athletics which now finds a place in the curriculum of every high school and college, and very properly so, there is, nevertheless, a danger, namely, from undue competition on the part of immature and undeveloped youth. In youth there is a great deal more breaking down of tissue than in advanced age. The heart, therefore, has all it can do to keep pace with the growing muscles. If it is given sudden violent exercise, especially if protracted, there is often strain and permanent injury to the heart. This is why so many young riders

were made permanent invalids by the long distance bicycle rides which were so common a few years ago.

The effects of over exercises, as in football, baseball, boat racing, etc., especially in the case of the prolonged exercise which a foot-runner must endure, may be either immediate or remote. These may take the form of:

Sudden over-distension of the heart, causing dilatation.

Rupture of the small arteries of the brain.

Rupture of the valves, causing leakage.

Remote effects may be:

Hypertrophy, or an abnormal increase in the size of the heart, caused by the body calling for more blood than usual in order to recuperate from the undergone strain.

Loss of the intrinsic fat supply of the system.

Unbalancing of the intrinsic ganglia of the heart.

General loss of equilibrium of the entire system by the engorging of the intestines with blood.

It is true that grown men may be affected in the same way, but the fact is incontestable that those physicians who have had most experience with weak or affected hearts and general breakdown in athletes are unanimous in asserting that most of these disorders can be traced to early excesses in athletics.

Prizes should be awarded for general excellence in athletics, and not for supreme efforts of skill in simply winning races and tournaments. The ideal man is the all-round athlete, who need not be a champion at any one sport, but who can do most things well, and has a body developed on sensible, symmetrical lines.—Medical Standard.

#### THE ETHICS OF NURSING.

The trained nurse is a sort of soldier and should have a high conception of her duty, as does a soldier. When a man enlists in the army he does not expect to retire as soon as the enemy appears and the danger becomes threaten-

ing. If he did, he would be called a coward and a deserter, and would be executed by all good soldiers. Likewise, a nurse must take her work as it comes, and not shirk any danger. She has no right to ask, Is the case contagious? Am I running any personal risk? The doctor can not take care of his families during pneumonia and nephritis and whooping cough and refuse to go when they have smallpox or diphtheria. Such a man would not long keep the confidence and affection of a community, or its practice, either. So it is with a nurse. We know of nothing more disgusting to a physician than to have a nurse whom he has favored with good cases to refuse to respond when she is asked to nurse a contagious case. A nurse who has thus refused should not be surprised if she receives no more calls. Fortunately, such nurses are rare. The true nurse, the one we love and respect, is the one who cheerfully responds to the call of duty, wherever it may lead.

The true nurse is always ready to defend the honor and standing of her profession and hide its weaknesses from the outsider; but she is untiring within its walls in strengthening its weak places and correcting its evils. When we pull down a rival we do not elevate ourselves, but we lower the average of both. When we agree with a rival, we increase our average elevation, and may reasonably hope that he will some day lend us a helping hand. If our rivals are of high character and ability, it is greatly to our credit to be successful among them; if they are ignoramuses, it is small credit to us to excel them. So, whether from the standpoint of expediency or from the higher one of kindness, a nurse should speak well of other nurses.

Knowledge of human nature is an indispensable quality for a successful nurse. Not the knowledge which makes her look with disdain from a cold height upon the weaknesses and vagaries of mankind, but a knowledge which teaches her that other honest people have viewpoints different from her own, which en-

ables her to assume their point of view long enough to arouse their interest and sympathy. One does not accept an infected house as a proper residence because he goes inside of it to lead a blind person out. We know some people always ready for an argument with anyone who chances to hold different views of life from theirs. Such a person will not make a good nurse. The girl who has used her years of training to advantage has learned more of human nature, human weaknesses and human virtues than she could learn in an equal time in almost any other occupation. And if to this knowledge she adds trustworthiness and tact, anything further needful can easily be attained.—Medical Standard, June, 1919.

#### TREATMENT OF ACUTE RHEUMATIC MYOCARDITIS.

The localization in the myocardium during acute articular rheumatism is first of all to be guarded against by the exhibition of sodium salicylate, but since this medicament possesses a depressive action on the cardiac muscle, the dose of four grams daily should not be exceeded. When any suspicion of myocarditis exists, absolute rest in bed must be enjoined, even when the articular phenomena have subsided.

The partisans of the pathogenic theory emitted by Lees and others, namely, that the cardiac muscle is morbidly changed by the action of a substance similar to lactic acid, advise a prophylactic alkaline medication. But, regardless of all measures employed, myocarditis will occur, in which case there are three indications to fulfill, viz., (1) to control the cardiac erethism; (2) to avoid all fatigue of the muscle, and (3) to act on the rheumatismal infection. The cardiac erethism may be controlled by the application of ice bags to the precordial region, while pain may be successfully overcome by judicious revulsion, dry cupping, leeches, or even the use of the actual cautery, if required. This treatment is too much neglected in America, but the results obtain by the

French school are sufficiently demonstrative to speak in its favor.

To prevent cardiac fatigue absolute rest is essential, while the action of the myocardium can be reinforced by cardiac tonics. Digitalis should be employed with extreme caution, because, as Merklen has shown, this very valuable drug is contraindicated when there is marked dilatation of the right heart. Caffeine is the medicament par excellence of acute myocarditis and is better given subcutaneously when a rapid and intense action is desired. When the myocardium commences to flag, still more active measures must be resorted to, such as hypodermics of ether, camphorated oil, spartein sulphate or strychnine, while champagne and tincture of cinnamon are useful tonics during the latter phases of the process.

Theoretically, the rheumatismal infection should be treated with sodium salicylate, but on account of its depressive action on the heart it must be prescribed with great care. Many competent writers have even maintained that the salicylates favor localization of the process in the heart and, therefore, they may be advantageously replaced by salicin, which has little or no deleterious cardiac effect. To favor the elimination of the rheumatic toxin a milk diet, diuretic drinks, and mild purgatives are indicated.

Convalescence is a period replete with danger. The patient should remain in bed for some weeks after all the phenomena of cardiac asthenia have disappeared. When the patient is up and about he should avoid both alcohol and tobacco for some time, likewise all violent exercise and athletics, and the physician should examine the heart from time to time in order to appreciate the condition of the myocardium, a bit of prudence often disregarded by both the patient and his medical attendant.—*Medical Record.*

#### THE DISCUSSION FIEND.

Medical societies are composed of two sets of members, those who attend reg-

ularly and those who attend semi-annually. This is not a purposely heightened statement, but a calm representation of the facts, as the secretary of any society will testify. For the busy practitioner who sacrifices part of his all too little recreation time to attend the meetings of his local society we have nothing but praise. But it is toward a certain genius, one or more specimens of which are found in every medical society, that our remarks are directed. This is the discussion fiend. It is extremely embarrassing to the physician who has spent a great deal of time and trouble preparing a paper to have the usual request for discussion followed by a blank silence. The essayist can not help but feel either that his paper has lacked interest or that he has made such egregious blunders that his colleagues refrain from alluding to them through delicacy. But, on the other hand, there is almost sure to be a number of more or less opposite remarks by the discussion fiend.

This individual may be a general practitioner and as such licensed by courtesy to give an opinion on all medical matters, but even if he is a specialist he does not confine his remarks to papers dealing with his branch. By no means! The discussion fiend discusses everything. Should the paper in question deal with his own specialty he is in his glory. If it describes an exceedingly rare case, he has seen a score, or a hundred—or as many of them as needed—in his own practice. He refers largely and easily to European authorities; he speaks of literature of the subject with an air of careless familiarity; he alludes to So-and-So of London, Blank of Vienna and M. X. of Paris as if they were old cronies of his. If he has taken post-graduate work here or abroad, this is always alluded to, whether it has any relevancy to the subject in hand or not. Nor does he hesitate to drag in mention of cases referred to him. The proportion of sheer delight in talking to the amount of ill-concealed display of wares varies in different persons, but usually both motives are found.

The discussion fiend is frequently an omnivorous reader with a retentive memory. Happening to run across an allusion to a new form of treatment in a foreign medical journal, he makes a mental note of it and at the earliest opportunity flashes a casual allusion to it before the eyes of his colleagues. If he reads that a certain form of treatment is beginning to be abandoned, he will state that for some time now he has given up this treatment and he finds that others are just swinging into line.

The only remedy for a discussion fiend is to adopt—and enforce—a limited discussion law. The president of a society has the authority to remonstrate with a speaker when his discussion grows unduly irrelevant or prolix, and he should exercise this prerogative. By so doing he will earn the heartfelt gratitude of his fellow members.—Medical Record.

#### LOCAL INFECTION IN CHILDHOOD.

Sanford Blum (American Journal of Medical Sciences, Nov., 1918) thinks that attention has recently been concentrated upon certain potential foci of infection to the exclusion of others equally important, and as a result the subject is being treated in a narrow manner. At the same time he deplores the inclination of physicians to attribute too many ailments to focal infection. He says focal infection implies: 1st—That there exists or has existed a circumscribed lesion or focus. 2nd—That the lesion is of bacterial nature, and as such is capable of dissemination. 3d—That from the focus there has resulted systemic infection or infection of other contiguous or non-contiguous parts. He argues that the presence of pathogenic micro-organisms within a circumscribed area does not, per se, constitute an infective process; at most it may be potential, and for the creation of infection from these foci, the bacteria must invade the circulation, and the part to be infected must be ready for their reception and propagation. The presence of pathogenic bacteria in the mouth and fauces with subsequent development of

endocarditis is by no means conclusive evidence to him that the endocarditis originated from these foci, and while willing to grant that under the proper auspices endocarditis can originate from these sources, he states that the frequency in childhood of alveolar disease and tonsillitis when contrasted with the rarity of endocarditis, justifies the conclusion that such a sequence is exceedingly rare. The assumption that streptococci harbored in the tonsils possess special selective powers against the endocardium and joints seems to him unjustified. He believes the fact to be that when bacteria are injected into the circulation arthritis occurs as an incident of the induced septicemia. He says that in general, pathogenic bacteria manifest a predilection for the serous and synovial membranes and when, as a result of circulatory invasion by bacteria, morbid processes ensue, we may have a meningitis, pleuritis, endocarditis or synovitis. He points out that as the science of bacteriology has developed we have been able to designate definite types of arthritis, for example, gonorrheal arthritis, typhoid arthritis, etc., and it is obvious that the power of attacking serous and synovial membranes is not limited to the streptococcus; and so he thinks the selective morbidity is due not to specified micro-organisms but to lower power of resistance to bacterial aggression possessed by serous and synovial membranes, as contrasted with muscles, bones, nervous and connective tissues. In childhood, however, secondary foci in the more resistant tissues are commoner than in adults, due to weaker power of resistance at this stage of life, and he believes the occurrence of tuberculous hip joint disease frequently after an injury may thus be explained. Tubercular bacilli having gained access to the circulation form a focus in the body, lie in wait for a favorable opportunity and then secure a foothold in the joint as a result of trauma, which offers a point of lower resistance. In addition to this septic effect of focal infection he points out that the systemic effects of toxins must be considered,

and thinks it probable that toxins are responsible for lowering the power of resistance of the synovial membranes and thus facilitating the invasion by bacteria. The diagnosis requires the recognition of a morbid process as secondary, and the tracing of it to its source. Sepsis denotes an infective process; toxemia also may be due to focal infection, but in childhood other processes may cause toxemia, as for example, the eruptive fevers. The custom of indiscriminately ascribing to focal infections individual symptoms in his opinion is precarious and unjustifiable. The direct cause should be sought. Particularly important sites for infective foci in children are the gastrointestinal tract and the middle ear, but the presence of pathogenic organisms in a certain locality does not constitute an infective focus, for example, colon bacilli in the intestine may remain indefinitely without causing an infective process, also the presence of streptococci, etc., in the tonsils indefinitely without deleterious effects. He says that sequential disease must be traced to the primary focus and this requires that the correlation of the primary and secondary morbid processes must be proved. He claims that the assertions that, "It has long been known that acute rheumatic joint infections are the result of the primary infections are faucial tonsils or tissues about them—and that an acute endocarditis also has its source in many instances from the faucial tonsils,"—are not borne out by facts. He admits that the tonsils, like other parts of the body, are potential foci which may become active under proper conditions, for example following tonsillectomy. He divides the treatment in two: first, that of the lesion caused by the infection; second, of the infective focus; and thinks that perhaps most often treatment of the lesion by hygienic, medicinal, serological, surgical or prophylactic measures is the only line applicable, owing to inability to locate the source of infection or inability to eradicate it if located. He declares that the creation by operative interference of foci of infection constitutes one of the most important facts in the consideration of this

subject, and while the evacuation of abscess cavities, removal of diseased appendices, surgical relief of otitis media and mastoiditis, require no comment for their approval, the promiscuous practice of tonsillectomy must be viewed differently. Too often this procedure converts an innocuous nidus into a virulently infective process. He also blames complicated orthodontia apparatus for frequently opening avenues of infection, and he closes by saying that "The common practice of tonsillectomy and tooth extraction has a diagnostic measure reprehensible, and should be discontinued, because it is unscientific in that it is a surgical procedure undertaken without definite indication and is attended with danger; and moreover diverts attention from other diagnostic procedures which not infrequently would disclose obvious causes of disease."—W. D. Beadie, in *Minnesota Medicine*.

#### CASTOR OIL AND THE WAR.

At first thought, the mention of castor oil in connection with the war will bring to mind its therapeutic usefulness only. However, it may at once be said that it is not as a drug this oil has played a part in the downfall of the Central Powers, but as a lubricant of machinery. Before dealing with its superlative merits as a lubricating agent for the engines of aeroplanes it may not be out of place to discuss briefly the history of perhaps the best and the longest established aperient. Castor oil is easily one of the oldest drugs known. The castor-oil plant appears to be the gourd referred to in the book of Jonah. Hippocrates employed the root in medicine. It is also recognized by physicians and others that the seeds are powerfully cathartic. While it was the name given by the Greeks, the analogous term ricinus was applied by the Romans, on account of a fancied resemblance of its seeds to the little insects known as ticks which bore this name. Its oil has been employed in medicine from the earliest times by Hindus, Egyptians, Greeks, and Arabs. Its use is mentioned by Aetius, Paulus Egineta,



and Pliny. Different opinions are held as to the number of species belonging to the genus, although there is little doubt that several varieties have been raised to the rank of species. These are found in Java and throughout India, and in fact can be grown in any tropical or semi-tropical country. Two varieties of the seed are known, one large, the other small. The latter is thought to yield more oil and of a superior quality. The oil consists mainly of ricinoleic acid, together with other fixed oils, a resin, and possibly an alkaloid. The seed contains a drastic constituent, ricin, highly irritant, and therefore more powerfully purgative than the oil. The purer the oil the less active its purgative property.

As said before, its excellent aperient properties, although they may have been used with beneficial effect among the soldiers, have not contributed to any appreciable extent to the debacle which has overtaken our Teuton enemies. On the other hand, the remarkable properties of castor oil as a lubricant have effected much in this direction, in the judgment of those who are qualified to speak with authority. It seems to have proved itself to be the ideal lubricant for the machinery of an aeroplane, in fact the Motor Age says, it is an absolute essential for rotary engines. The fact must be borne in mind that the propellers of flying machines revolve at a rate greater by far than the driving apparatus of any other machine. Consequently, there is developed within the cylinder of an aeroplane engine an intense heat, produced by gas of an extremely high temperature which will attack and consume most mineral oils. If, by reason of the high temperature of combustion the lubricating oil is consumed, or so thinned out that it no longer fulfills its purpose of preventing or reducing friction between metal surfaces, the result is that the pistons become overheated, expand, jam, and the machine is "stalled." It is in this way that many if not most disasters to aviators occur.

Now, castor oil is not subject to these

defects. It is not burned up or thinned out by any heat that the engine of an aeroplane may develop. It is more or less impervious to the effects of temperature, and will maintain its consistency and flow freely through the distributing system, be the temperature of the enveloping atmosphere what it may. Cold appears to have little effect on its lubricating properties, and indeed wide differences in temperature fail to make any marked impression upon it. Because, then, castor oil is the best-known lubricant for the engines of aeroplanes, and because a very considerable supply of the oil has been and is available for the allied airmen, and because the Germans were unable to procure it in sufficient quantities, it is no hyperbole to assert that castor oil has played no mean part in victory. Castor oil has showed itself as effective in lubricating machinery made by the hand of man as for generations it has proved itself one of the best means of regulating the digestive machinery of man himself.—Medical Record.

#### COFFEE AS AN ANAPHRODISIAC

Coffee is known to have anaphrodisiac action. This has been known for a long time by the Orientals and was confirmed by Louis XIV by observations upon himself. The Princess Palatine wrote that coffee makes people chaste and was the drink, above all, indicated for Catholic priests. The frigidity of Frederic II and Fontelle was attributed to their abuse of coffee. Linne called the infusion of coffee "potus caponum," and Trouseau declared that there is no more potent anaphrodisiac known. Boussingular held the same opinion. Bouchard cites the case of a young man of twenty years of age who for three or four years had been drinking coffee in large amounts and had atrophied testicles and was impotent. Guelliot reported several analogous cases. Certain cases of prostatitis were also attributed to the abuse of coffee.—Prof. A. Gouget, Paris.

**"LEWISITE" DEADLIEST OF POISONS.**

Germany escaped "Lewisite" by a fraction of time. A dispatch to the Indianapolis News, May 26, says:

Guarded night and day and far out of human reach on a pedestal at the interior department exposition here is a tiny vial. It contains a specimen of the deadliest poison ever known. It is "Lewisite," product of an American scientist. It is what Germany escaped by signing the armistice before all the resources of the United States were turned on her.

Ten airplanes carrying "Lewisite" would have wiped out every vestige of life—human, animal and vegetable—in Berlin. A single day's output would snuff out the 4,000,000 lives on Manhattan island. A single drop poured in the palm of the hand would penetrate to the blood, reach the heart and kill the victim in great agony.

What was coming to Germany may be imagined by the fact that when the armistice was signed it was being manufactured at the rate of ten tons a day. Three thousand tons of this most terrible instrument ever conceived for killing would have been ready for business on the American front in France on March 1.

"Lewisite" is another of the big secrets of the war just leaking out. It was developed in the bureau of mines by Professor W. Lee Lewis, of Northwestern university, Evanston, Ill., who took a commission as a captain in the army. It was manufactured in a specially built plant near Cleveland, called the "mouse trap," because every workman who entered the stockade went under an agreement not to leave the eleven-acre space until the war was won.

**IS STERILIZATION OF THE HABITUAL CRIMINAL JUSTIFIABLE?**

Charles Edward Nammack, New York, thinks that if sterilization for criminals is to become general it must be voluntarily submitted to. As a punishment it is barbarous, degrading, and its supposed benefits will not be realized, since the mental condition of the criminal will be bad, and he will have a thirst for ven-

geance. He will still be in a position to have connection, while he cannot procreate. The experiment has been made by one State. The author states that transmission of a criminal brain to the descendants of the criminal is impossible, since only physical abnormalities, susceptibility to certain diseases, and defects of development are transmissible, mental and moral defects being only acquired. Crime and criminality are acquired, the result of environment and parental unfitness. Mutilation of the criminal is characterized as inefficient and absurd as a preventive of crime. Ethically and morally it is unjustifiable. Lack of self-control and of fixed purpose are the causes of crime, and they can be obviated by discipline. The probation system, parole, and reformatories are the best remedies.—Medical Record.

**CHANCER OF THE FINGERS.**

D. W. Montgomery and G. D. Culver, San Francisco (Journal A. M. A.) call attention to the serious liability to syphilitic infection of the fingers of physicians, especially gynecologists and obstetricians. Nurses might be supposed to be similarly liable, but the authors have seen fewer cases among them. A paronychia-like chancre is especially hard to recognize, as it does not in any way resemble an initial lesion. The nail and nail-fold obliterate the characteristics. An obstinate, long-enduring and exceedingly painful panaritium, occurring in a physician or nurse should excite suspicion and be examined for spirochetes. After five weeks the blood might be examined for the Wassermann reaction. An indolent bubo at the epitrochlea or in the axilla has diagnostic value, but any suppurative lesion of the finger might cause such a swelling. Any sore lasting longer than an ordinary infection and situated on the dorsal surface of the web, between the thumb and index finger, or between the index and middle finger of a gynecologist or obstetrician should excite the gravest suspicion, and one must not attribute too much importance to absence of the epi-

trochlear lymphatic nodule as some of its vessels pass directly to the axilla. A chancre, no matter where, usually ulcerates but this is not invariable. One should be always on the alert as regards the possibility of extragenital syphilis, and this is specially true nowadays when early treatment is so successful. The essential difficulty, however, of always recognizing these early lesions, is shown in cases the authors report, one of a nurse working with a physician, and the other two were in physicians in active practice. In none of these was the true nature of the disease recognized until the appearance of the secondary eruption.

Dr. A. W. Brayton reports that he has treated 500 physicians who have innocently contracted syphilis in line of duty.

#### **SLOW ENDOCARDITIS OR SLOW SEPSIS**

Scheltema describes a case in a young woman which seemed to be of the slow endocarditis type as there were fever, anemia, enlargement of the spleen and progressive loss of flesh, pains in certain bones and the *Streptococcus viridans* in the blood. The whole syndrome had been ushered in with an attack of influenza. This sepsis lenta kept up with fever for 134 days. Scheltema was unable to determine whether the heart murmurs were the result of endocarditis or of the anemia, but the disappearance when the anemia subsided confirmed their comparatively harmless nature. The euphoria all through the case was remarkable, as also the early recovery of comparative strength when the patient got up after her 134 days of fever in bed. The onset of the fever had been slow and gradual; at first it was remittent and kept within moderate range, except during a period when there was involvement of the right sciatic nerve and an attack of periostitis. The temperature ran up to 41.4 C. during the neuritis and during the periostitis. Each lasted only a few days. Some red and tender spots developed on the legs and also

petechial spots. His treatment was with methylene blue, 200 mg. in capsules three times a day, followed in an hour with a large dose of hexamethylenamin. The patient felt better under this treatment, and the temperature displayed a tendency to drop. When a gastro-enteritis developed, with a high fever, this treatment was suspended. Then he gave of wine three times a day, followed an iodine, 4 drops tincture of iodine in a glass hour later with 0.5 gm. quinin in a wafer. The fever disappeared after three days of this, falling by lysis, and the patient felt that she was cured. The periostitis and the papulous red spots had subsided when painted with iodine—another reason for trying this drug internally.—*Nederlandsch Tijdschrift Voor Geneeskunde, Amsterdam, Abs. J. A. M. A.*

#### **THE DIAGNOSIS OF ACIDOSIS.**

Acidosis has for years past been one of the fields of romance in medicine. The term has lacked a satisfactory definition, but has been used glibly in explanation of obscure conditions, often without a very clear conception of its real significance, and at times has been applied to conditions in which real acidosis can play no part. Moreover, unless the acidosis is marked, the diagnosis may present extreme difficulty. It is a great pleasure, therefore, to find such a clear and sanely critical review of the subject as that presented by Macleod (*Journal of Laboratory and Clinical Medicine*, 1919, iv, 315). He recounts the development in the use of the term, which was at first limited to the undoubted acidosis existing in cases of diabetic coma, then gradually extended to include all cases of acetonuria, and later included those conditions in which the acid production or retention involved entirely different types of acids. The difficulty in early diagnosis depended partly upon the lack of an adequate conception of the disease, but chiefly upon imperfections in technique of the methods used.

The desideratum is an estimation of the total alkaline reserves of the body. The author points out the difference be-

tween hydrogen ion concentration and titrable acidity, explains the errors inherent in titration methods when applied to blood or body fluids, and shows the superiority of the colorimetric method, using phenolsulphonephthalein and a set of solutions of known hydrogen ion concentration. The total alkaline reserves of the body are the alkalinity of the plasma, the alkalies of the corpuscles, the protein of the blood, and finally the alkalies and proteins of the tissue cells. The "buffer action" of these alkalies depends in the plasma on the ratio  $\text{H}_2\text{CO}_3:\text{NaHCO}_3$  and in the corpuscles and tissue cells also upon the ratio between the dibasic and monobasic phosphates. Now the percentage of  $\text{CO}_2$  in the alveolar air must be a measure of the available  $\text{NaHCO}_3$  in the blood but in the methods now used "the alveolar  $\text{CO}_2$  can serve as an accurate index of the acid base equilibrium of the blood only under certain controlled conditions," and these conditions are difficult of attainment. Direct examination of the blood as to its content of  $\text{NaHCO}_3$ , avoid certain errors, but still yields figures short of the total alkaline reserve of the body. The author prefers the method of Haldane, which employs whole blood, to that of Van Slyke, which uses only the plasma. Methods combining blood and alveolar air examination are scarcely more accurate or informative. Another method whose value is still to be determined is to estimate the output in the urine of acid salts, salts of ammonia, and free acid, for when foreign acid is added to the body a corresponding amount must be eliminated by the lungs and kidneys.

In the opinion of the author "the best test of acidosis at present available in routine clinical work" is to determine "how much alkali can be added to the organism without causing the urine to assume an alkaline reaction." Normally this is very small, about 5 gm.  $\text{Na H CO}_3$ , but in acidosis may be as high as 100 gm. a day. The value of this test seems to be established by experimental work. It is easy of application under all conditions, and should be extensively em-

ployed in practice. Comprehension of the principles set forth, and an appreciation of the relative value of the methods discussed, will serve to eliminate much loose talk concerning acidosis. It is to be hoped that the paper will be widely and carefully read, for only in this way can its value be fully realized.—  
Med. Rec., May 3, 1919.

#### SIGNIFICANCE OF REFERRED NERVOUS PHENOMENA IN THE DIAGNOSIS OF PULMONARY AND PLEURAL INFLAMMATION.

F. M. Pottenger works out with great detail the distribution of the various nerve segments that supply the lungs and pleura as well as the more external thoracic structures. Involvement of pulmonary and pleural tissues, in the author's opinion, may embrace also the nerves and the effect, therefore, he reflected to more superficial parts in the domain of corresponding nerves, and this effect may be noticed as various motor, sensory and trophic disturbances. Five illustrations make clear the nervous distribution and other thoracic anatomical relations.

Pleural and pulmonary inflammation do not express themselves in identically the same structures. At times the seat of the underlying lesion may be determined by the peculiar character of the respiratory motion alone. Inflammations of the lung and pleura tend, by reflex nervous action, to bring about limitation of movement of various areas of the chest. When the inflammation affects the portion of pleura that is below the fifth rib, the degree of limitation is usually greater than when it involves the upper portion. Sensory effects of deep-seated inflammations are also reflected to the surface. When the pleura over the central tendon of the diaphragm is inflamed, sensory phenomena predominate over motor; while, when the lung is involved, motor predominate over sensory. Reflex sensory disturbances caused by inflammation of the costal pleura are almost wholly confined to the surface of the chest wall unless the costal portion of the dia-

phragmatic pleura is involved, when the sensory changes may be, and usually are, transmitted along the intercostal nerves over the abdominal wall. A chronic inflammatory process in the lung may cause atrophy of the skin and subcutaneous tissue above the second rib anteriorly and the spine of the scapula posteriorly. Extensive chronic hilum inflammation usually causes atrophy of the skin and subcutaneous tissue in the interscapular space. Localized atrophy of the skin and subcutaneous tissue elsewhere over the bony thorax is due to chronic inflammation of the underlying pleura in the path of nerve endings which are in reflex connection with the intercostal nerves which supply the atrophied structures.—Pottenger, F. M. The Significance of Limited Respiratory Movement and the Viscero-motor, Viscero-sensory and Viscerotrophic Reflexes, in the Diagnosis of Pulmonary and Pleural Inflammation. *American Review of Tuberculosis*, February, 1919, Vol. II, No. 12.

#### ORAL SEPSIS AND PUBLIC HEALTH

Since the theory was first advanced that localized low grade infections, particularly of the teeth and tonsils, are responsible for many systemic disorders, the cause of which has long been a mystery, medical and dental literature has teemed with articles on the subject.

While a critical analysis of this literature tends to show that in many instances definite deductions have been based on insufficient and inconclusive evidence, there is no question but that such focal infections are often the primary cause of serious functional and even fatal organic diseases.

Abscesses at the roots of the teeth are found usually when the dental pulp has been destroyed either by bacterial action or by the dentist for the purpose of crowning or bridging teeth. Such conditions occur through neglect or improper care of the teeth.

Dental inspection of school children and the introduction of oral hygiene into school curricula have been of great value,

but public health activity should not rest here. Mothers' clubs, infant welfare stations, social welfare organizations and all other possible agencies should be employed in order that mothers may know the necessity for proper care of the temporary teeth from the time of their eruption; that they may understand the fallacy of extracting these teeth in advance of the absorption of their roots; and that they may fully appreciate the value of periodical visits to the dentist.—Bul. N. Y. Dept. of Health.

#### "IDENTITY OF THE POPPY IN FLANDERS FIELDS."

To the Editor: A correspondent in *The Journal*, April 26, wondered whether Flanders poppies are of the opium kind. Yesterday in a New Hampshire car I saw a loan appeal illustrated with a Flanders grave on which were red poppies with a black center. On talking about it, I learned that the poppy is commonly regarded as the flower of sleep or of death. I enclose two quotations and a reference to a picture, *Beata Beatrix*, which is in the museum of the Chicago Art Institute:

On the grass of the cliff, at the edge of  
the steep,

God planted a garden, a garden of sleep;  
'Neath the blue of the sky, in the green  
of the corn,

It is there that the regal red poppies are  
born.

In my garden of sleep, where red poppies  
are spread,

I wait for the living, alone with the dead.

—From a song by de Lara.

Here are cool mosses deep,  
And through the moss the ivies creep,  
And from the craggy ledge  
The poppy hangs in sleep.

—Tennyson: *The Lotus Eaters*.

The dove bears the poppy, symbol of sleep eternal, the death flower—to Beatrix as the sundial reaches its shadowless hour.—Rossetti: *Beata Beatrix*.—F. K. Bryant, Chicago.—*Jour. A. M. A.*, May 24, 1919.

**STATE BOARD STATISTICS FOR 1918.**

Statistics based on examinations held by state licensing boards show that 3,637 candidates were examined during 1918 of whom 13.3 per cent failed. Of those examined, 2,984, or 82.1 per cent, graduated during the last five years (1914-1918 inclusive) and of this number only 9.3 per cent failed. There were 479 candidates examined who graduated in 1913 or previous years and of these 30.5 per cent failed. Of the 2,807 students who graduated from the medical schools in the United States in 1918, 2,146, or 59 per cent, took examinations for license during the year. Of this number, 5.4 per cent failed. These figures show that the more recent the graduates, the lower the percentage of failures. This is partly due to the greater ease with which recent graduates can pass the average examination. It also indicates, however, that there has been an improvement in teaching methods.

All states except New Mexico require an examination of every applicant unless the candidates already holds a license from some other state. During 1918 altogether 4,185 physicians received licenses; 3,154 by examination; 59 under exemption clauses and 972 through reciprocity.

The statistics show that the highest number of graduates of Class C medical schools licensed by examination or by reciprocity during 1918 was registered by California with 116, followed by Missouri with 52, Arkansas with 26, Colorado with 24 and Texas with 21. These numbers in California, Colorado and Texas included, respectively, 77, 21 and 11 osteopaths. All the 26 Class C graduates registered in Arkansas were by the Eclectic Board of Medical Examiners.

The highest number of graduates of Class B schools was licensed in Illinois with 161, followed by California with 69, Tennessee with 58, New York with 44, Ohio with 33, Arkansas with 32, and Texas with 30.

The statistics show that of the 93 medical colleges 57 have unqualified recognition by all state boards; that 12

have been refused recognition on account of some technicality by from one to three state boards, leaving 24 which are not recognized in from 7 to 39 states.

Forty states have adopted as a minimum standard of preliminary education one or more years of college work in addition to a four-year high school education, and thirty-two of these require two years of college work as the minimum.

Since it was organized in 1915 the National Board of Medical Examiners has examined altogether 109 graduates of whom 87 passed and 22 failed, making a total failure percentage of 22.2 per cent. Holders of the National Board's certificates are now eligible for registration without further examination in fifteen states.—*Jour. A. M. A.*, April 19.

### THE WHY OF CAP AND GOWN. Custom of Wearing Graduation Robes Is Centuries Old.

(University Daily Kansan)

Within recent years the custom of wearing caps and gowns at commencement exercises of the leading American universities, or at any academic function or ceremony, has been definitely established.

Before studying the recently established American code, or attempting to unravel the mysteries of the English hood, the evolution of the academic degree gown and hood from an early age to the present day must be traced.

To do this we cross the channel and visit the old cathedral schools which were established in the seventh century, and were the precursors of those early universities founded in the twelfth century to meet the increased demand for instruction in the higher branches of knowledge.

In the early days of the University of Paris, the chancellor of the cathedral on the Ile de la Cite issued the licenses to teach, and when the student entered upon the performance of his duties as a duly licensed teacher, his emancipation from the bachelorhood was symbolized by placing on his head a cap or biretta, which ceremony was performed by his

former instructor. The present day custom of giving a hood when an honorary degree is conferred, is, therefore, but an outgrowth of this medieval ceremony. It was but natural that the early universities should preserve as their academic dress an adaptation of the monk's robe with its cowl or hood. Such gowns were at first a mark of profound learning, and were worn by doctors of divinity and graduates, but later undergraduates were entitled to wear them.

At Oxford and Cambridge, where the order of things does not change with each succeeding generation, the same type of gowns have been worn since the beginning of the seventh century.

In America it has long been customary for eminent jurists, doctors of divinity and presiding officers of universities to wear a black silk robe of ample dimensions. This movement, which was indefinite, originated among the students themselves, and many of the graduating classes in different universities and colleges, who elected, from time to time, to wear caps and gowns at commencement exercises.

The faculties were quick to recognize the utilitarian advantage of a uniform dress, as well as the added dignity the black gowns gave to an assemblage of students, and encouraged the custom, which has spread so rapidly. Until 1894 no definite form or pattern of gown was adhered to.

In that year an intercollegiate commission was appointed to consider the question of adopting a distinctive academic costume for graduates of American universities and colleges, and as a result of that commission's work a simple system regulating the shape of gowns and colors of hoods was established. This code, which has been adopted by the leading universities and colleges of the country, provides for three types of gowns. Those worn by the bachelors are made of black worsted cloth and have a long pointed sleeve. Masters are entitled to wear silk gowns made with a long, closed sleeve, square at the end with a slit for the arm. The doctors' gowns are silk

with a full, round, open sleeve. These may be faced with velvet and have three bars of velvet on the sleeve. The color of such trimming must correspond to the color which edges the hood.

The evolution of the scholastic hood from the monk's cowl, we find, has reached the highest point of development here in America. At the present day there can be no doubt that the whole matter of academic dress has passed an experimental stage and now rests upon an intelligent and permanent foundation.

#### AMERICAN RED CROSS IN THE HOLY LAND.

The farms of Palestine have been so devastated by the Turks that it will be a tremendous problem to get them going again. But in the Red Cross Commission are agricultural experts who took with them from America engines, trucks, tractors and farm implements, so that as rapidly as possible the rehabilitation will go forward.

In addition to the suffering people of Palestine, hundreds and thousands of Armenians and Syrians have managed every day to get through the Turkish lines. The Red Cross is helping them with food and clothing. Abandoned and refugee children are taken in hand and given clothing and food and put into orphanages in which the Red Cross is starting schools.

The condition of the Turkish soldier is beyond belief; his pay, being approximately 50 cents a month in peace times, is worth in actual value about seven and a half cents. His clothing consists of rags, and most of the men are without shoes. Whenever a camel dies the men cut its skin into pieces to tie about their feet.

"Doctor, how is it you have not sent me my bill?"

"Oh, I never ask a gentleman for money."

"Indeed! What do you do if he doesn't pay?"

"Why, after a certain time I conclude he is not a gentleman, and then I ask him."

### MILITARY FUNERAL FOR BODY OF MISS CAVELL.

Brussels, May 13.—Escorted by honor guards of British and Belgian troops, the body of Edith Cavell, the heroic English nurse executed by the Germans, was removed today from the city where she faced a firing squad in 1915.

The heavy coffin containing the body recovered from the graveyard where the Germans had rudely buried it, was placed on a gun carriage, draped in the Union Jack of Great Britain. Troops both preceded and followed the procession. There were many bands and thousands of silent spectators uncovered as the first notes of the dirge sounded through the streets that had seen the Germans strut as conquerors in 1914, rule as conquerors four years and sink away defeated in 1918.

The procession passed slowly through the boulevards, the way being lined by thousands of people, including many soldiers in uniform. Flags flew at half-mast.

At the railway station the funeral service of the Church of England was read by the Rev. Mr. Gahan, who was one of the last of Miss Cavell's friends to bid her farewell before she was taken out in the night to be executed. The silent crowds, the ranks of troops and the minister's grave tones gave an atmosphere of deep solemnity to the spectacle in the Gare du Nord, where the body, after the ritual had been read, was placed on a special train for Ostend.

At Ostend a British warship was awaiting to carry the body to England. Two sisters of Miss Cavell and her brother-in-law accompanied the body.

The British nation will pay its last tributes Thursday at a military funeral in Westminster Abbey. There, amid the tombs of the kings and great men of England, will be an impressive ceremony with military honors. Afterward the chief mourners will go with the coffin to Norwich, Miss Cavell's home, where the body will be placed in the old churchyard.

### WHY "POISONED ARROWS" MADE HINDENBURG CRY.

No less a personage than old von Hindenburg himself paid tribute to the high efficacy of Allied propaganda that did so much to wreck Teuton morale and bring about the collapse of autocracy. In September, 1918, only a few weeks before the armistice was signed, the Prussian general became so panic-stricken over the "poisoned arrows" or wads of truth the Allies were sending over by every conceivable method to inform the German people and soldiers of their hopeless plight that he cried aloud his protest. And well he might, declares William G. Shepherd, in "Poisoned Arrows" in the June New Red Cross Magazine, for every so-called evil which he prophesied to Germany in his message of alarm came to pass before many days had gone by. Concerning general aspects of across-the-lines propaganda, of which Mr. Shepherd made an exhaustive study, the writer says:

"It is a significant fact that the German air propaganda consisted mostly of news items or threats; these were intended to disconcert or discourage the enemy. Never did their propagandists attempt to give arguments in favor of the German cause. In all the wonderful War Museum in Paris I today fail to find any of the German pamphlets which even attempt to convince a Frenchman or an Englishman that the German cause was right. On the other hand a resume of thousands of pamphlets in the Museum, distributed by the Allies, discloses a world of argument. The poison arrows of von Hindenburg could strike home nowhere in all France or England while the poison arrows of the Allies, armed with truth, pierced the German armies at every shot. It was as if the Germans shot with shells that did not explode, while every shell of the Allies counted. How could Germany win in the war of killing the enemy spirit with odds against her like that?"



## MEDICAL MISCELLANY.

### DR. ANNA HOWARD SHAW DEAD.

At the age of 71, Dr. Anna Howard Shaw, honorary president of the National American Woman's Suffrage Association, died at her home in Meylan, Pa., July 2. Several weeks ago she had an attack of pneumonia at Springfield, Ill., and a relapse was the cause of death. Dr. Shaw was born at Newcastle-on-Tyne, England, February 14, 1847, and was never married. Dr. Shaw has frequently been in Indianapolis, the last time May 28, when she spoke at a meeting on behalf of the League of Nations, at Tomlinson Hall, under the auspices of the League to Enforce Peace. The other speakers were William Howard Taft, President A. Lawrence Lowell of Harvard and Rabbi Stephen S. Wise.

Dr. Shaw was once a preacher, but gave up this calling to enter the suffrage movement, in which she became a great power. She was of a determined and courageous nature, and won over many hardships in early life and became one of the foremost women of her day. That she was a much loved woman is shown by the tributes paid by friends.

S. E. E.

### A MILLION DOLLAR COLORED WOMAN OF INDIANAPOLIS.

Some years ago a young colored woman in Indianapolis started from a lowly beginning in a little shop on North West street. She manufactured a hair tonic and sold it, earning only a few dollars at first. Later she sold cosmetics, which took well with the people, and her products soon became known in every state.

She was worth several million dollars. She was the friend of hospitals and charitable institutions. Such an unusual circumstance is worthy of especial mention.

Mrs. J. C. Walker was probably the most widely known colored woman. She died, May 25, at her residence, Villa Le-warro, Irvington-on-the-Hudson, after an illness of a few weeks. She was fifty-

two years old. She always called Indianapolis her home.

Mrs. Walker was left a widow at the age of twenty. She worked hard to educate her only daughter, Lelia.

Mrs. Walker gave liberally to charity organizations and during her last visit to St. Louis she contributed \$6,000 to some of these. She gave much for the help of the colored people in this country. She was deeply interested in Africa and provided scholarships at Tuskegee Institute for a number of pupils who were preparing for educational work in Africa.

She was a forceful speaker, and never received her education until late in life. After moving to New York, Mrs. Walker taxed her strength in planning her new home and filling numerous speaking engagements all over the country.

Her daughter, who was in Panama at the time of her illness, was unable to reach her before her death. During her illness Major J. H. Ward was her attending physician and friend for years. He is one of the leading colored physicians of Indianapolis, and it is said that he is the only colored physician who obtained the rank of major during the world war.

### DR. W. N. WISHARD GETS LL. D.

At the forty-ninth annual commencement of the College of Wooster, located at Wooster, Ohio, the degree of doctor of laws was conferred on Dr. W. N. Wishard of Indianapolis. This is a well merited honor. His contributions to medical literature, the part he has taken in the advancement of medical education and his splendid work as a teacher in the Indiana University School of Medicine entitle him to this honor. Dr. Wishard was for many years a successful superintendent of the Indianapolis City Hospital, and established the first nursing school. He has been an important factor in the various medical associations and is eminent in his profession.

S. E. E.

## MEDICAL AID FOR THE VISITING SHRINERS.

By John M. Taylor, Indianapolis, Chairman Press Committee.

The whole always has been, and always will be, equal to the sum of all its parts, and no city, town, community, great assembly, or large planned gathering is complete without its medical men or first aid units, regardless of the assertions of the Christian Scientists, who, nevertheless, just "happen" to have a physician's telephone number always handy.

Just as each organ of the body must function in its vital capacity, so should each committee of a great convention serve with zeal and effectiveness, and when a health committee was appointed by the Shriners, of the Shriners and for the Shriners, its completeness was eclipsed only by the enthusiasm and conscientiousness of its members.

The headquarters of this health committee, which provided so extensive and complete a system of gratis aid and medical attention for visiting Shriners and their families, was located in a tent at the southwest corner of University Park. This was in charge of Dr. Walter S. Given, who was chairman of the health committee; Dr. James H. Taylor, chief of the medical staff; Dr. B. B. Pettijohn, who replaced Dr. Thomas B. Eastman as chief of the surgical staff, the latter being unable to serve in this capacity due to illness; Dr. Samuel E. Earp, examiner; Dr. Andrew T. Custer, Dr. J. D. Garrett, Dr. Roy Cook, Dr. Orville Smiley, John M. Taylor, Dr. T. W. DeHass, and Dr. E. G. Moore, who took care of the dental work.

An ambulance was always present for immediate service, and the Misses O'Neill, Chamberlain, Titus, Frank, Wilson, Payne, Whiteman, Payton, Elmer, Fitzpatrick, Meek, Fried, Maurer and Jenkins, nurses from the City Hospital, were constantly on duty in duos and in turn, to render necessary attentions.

Another feature of the headquarters was the aid of several Boy Scouts, who served as messengers to the various

downtown substations for the delivery of medicines and necessities.

Fortunately for our visitors, there was very little illness and few accidents, most probably due to the fact that the city was "dry" (pardon me, I mean the saloons were closed). Several cases of gastro enteritis were attended and most of them were entirely cured after a few hours' sleep and a pitcher of ice water. (Please don't associate these two sentences in the same paragraph.)

It is reported (to use typical newspaper confirmation) that Dr. Given saw fit to administer general anaesthetic for a minor operation. Just as the ether mask was about to be applied, the patient pulled out a large roll of bills and began fingering several "fives." Dr. Given explained that the services were entirely gratis, but the Shriner stated he merely wanted to count his money before taking the anaesthetic.

But to step from the ridiculous to the sublime, just as one steps from the "water wagon" to mail a letter in passing the postoffice, many such cases as nervous convulsions, pleurodynia, burns, lacerations of the limbs and body, skinned feet, injured backs, foreign bodies in the eye, conjunctivitis, scalp wounds, fracture of a hip, carbuncles lanced and aching heads were given adequate treatment and attention.

The substations were located at the various hotels, where one of a unit of four physicians was always in readiness for any emergency.

The Claypool Hotel unit was composed of Dr. C. K. Jones, Dr. Frank E. Abbott, Dr. J. C. Anderson and Dr. William P. Best. At the Hotel Lincoln were Dr. Ralph S. Chappell, Dr. James R. Lewis, Dr. H. S. Leonard and Dr. Herman J. Morgan.

The Denison Hotel had as a unit Dr. J. D. Moschelle, Dr. A. E. Teague, Dr. Luther Williams and Dr. Carl G. Winter.

The Hotel Washington had Dr. S. H. Keeney, Dr. J. T. Robertson, Dr. John Sluss and Dr. Frank L. Truitt.

The Hotel English unit was Dr. Homer

W. Cox, Dr. C. R. Marshall, Dr. C. F. New and Dr. F. V. Overman.

The Hotel Severin unit was composed of Dr. S. H. Malpas, Dr. J. H. Bull, Dr. T. C. Hood and Dr. W. H. Long.

In addition to these hotel stations there was a station at the Shrine Temple constituted of Dr. Kenneth Jefferies, Dr. Richard A. Poole, Dr. George Pendleton and Dr. G. A. Petersdorff, and a station at the "Round Up" at the Fair Grounds consisted of Dr. J. J. Boaz, Dr. H. H. Wheeler, Dr. F. W. Foxworthy and Dr. T. Victor Keene.

#### Nurses Were on Hand.

Each of the above stations also had a nurse on duty and the station at the "Round Up" had an ambulance ready for service.

Dr. W. J. LeSaulnier, representing Sharp and Dohme, supplied all the essentials and medical supplies that were necessary—that is, all except snake bite remedy.

In addition to the large medical corps as stationed, there was an emergency or reserve squad, composed of Dr. T. B. Cook, Dr. E. J. DuBois, Dr. E. W. Burris, Dr. J. H. Eberwein, Dr. C. S. Goar, Dr. J. D. Garrett, Dr. Edwin Knox, Dr. M. B. Light, Dr. Orval Smiley and Dr. A. L. Leatherman.

#### DOCTOR'S WAYSIDE STORIES.

Collected by Jane Janus.

##### Inexcusable.

The late Robert W. Long once said to his friend, the late Dr. Joseph Eastman: "I have written several letters to Dr. Blank, of Indianapolis, concerning some insurance business, but have received no reply. First an ordinary letter, then postage enclosed and lastly a registered letter. I understand he says that he rings the silver doorbells, but what is the matter with him?" Dr. Eastman, who was always willing to utilize a mantle of charity, replied: "He is a good fellow, and was perhaps busy." "Oh, yes," said Dr. Long, "but that does not excuse him for not being a gentleman."

#### Priest vs. Doctor.

To a group of medical gentlemen, Father Gavisk related the following story. To appreciate it, it may be said that he is one of the most prominent and popular Catholic clergymen in Indianapolis, and was in his younger days a newspaper man. Father Curran, a priest much loved by all who knew him, was noted for his tact in collecting money. On Chadwick street, in Indianapolis, a child had swallowed a Lincoln penny. Two dispensary doctors gave the child some stale bread and a cathartic and suggested to "let nature take her course." Father Gavisk was called because the parents became impatient and thought the child might die. The doctors were denounced as incompetent. The excitement was quelled by the wit of an old Irish woman, who exclaimed: "Send for Father Curran; he knows how to go after money!"

#### Potato for Rheumatism.

From the archives of Col. Bill Hicklin comes this story: The Colonel was once a member of the Colorado Legislature and later of the Indianapolis City Council. He said: "I have found out that the safe and sure way to get well is to send for a doctor. My doctor had an office in Pill Row, in Kentucky avenue, and was on a vacation. I had the rheumatism and someone told me to carry a potato in my pocket, and I did so. I was told that when the potato absorbed the rheumatic poison from my body the potato would wizen and dry up. It did so in August. Quite naturally, the weather was hot and dry and my rheumatism was better. I told all my friends and exhibited the potato. I was not any wiser until I put some potatoes in salt barrels and stored them in my attic. A little later I noticed that my potatoes were wrinkled and spoiled by the salt and some were dry and hard. Then I called to mind that my imperfect prostate gland caused my urine to dribble away at times and my pocket was wet. So I found that the warm and dry

weather made my rheumatism better, and the salty urine made the change in the potato in my pocket. When another friend told me to carry a buckeye in my pocket for piles, I told him the potato story.

#### Black Eye for Ethics.

Dr. K. was a passenger on the Monon with me a few days ago, said Dr. Bur-sar U. H. Smith, and by way of an introduction related an incident in his experience. He said: "My brother, Abraham, kept a clothing store, and to a prospective customer advanced the price of a suit of clothes to \$10, expecting to deduct that amount in order to make the sale, but the price was paid without a murmur, and then he was sorry he had not put on another \$10. It was simply an instance of miscalculation. It reminded me of an instance in my own experience. I went seven miles in the country to see a patient. From general appearances, I believed the family to be in moderate circumstances. I thought for the one visit I would charge \$7, instead of \$9. The wife paid me from a roll of bills that had in it about \$500, so I said, 'I will look over the patient again,' and told her that there was some danger of a complication that I had overlooked. I made seven more calls and received \$49. I am not a member of the Medical Society at Indianapolis, and those college fellows would call the act unethical, but I call it diplomacy." Mr. Smith, who is a member of the college faculty at Bloomington, drawled out, "Quite so, quite so."

#### The Echo of Ghouls.

Dr. L. D. Waterman had a room at the Claypool, but took his meals at Phister's Cafeteria, where a number of doctors met at the lunch hour, to eat and read the noon edition of the paper, and one day one of the doctors became reminis-cent. He said the police and several constables and perhaps fifty citizens vis-ited the Central College of Physicians and Surgeons building on South and Pennsylvania streets to search for the body of a woman that had been stolen

by ghouls four days before. Captain James Quigley, Adolph Asch and Wil-liam Shaggart represented the police force. There was a reward of \$30 for the recovery of the body. In the basement a female body was found. One arm and a leg was missing and the neck showed that several arteries had been ligated. Several identified the body as the one that had been stolen a few days before. The coffin had been brought from the graveyard. Guns and clubs were in evi-dence. It was with much difficulty that the body found in the basement was placed in the coffin. It was a misfit. Dr. C. O. Durham, the demonstrator of anatomy, was present, yet silent. The dean explained that the body had been used by Dr. Sutcliffe in demonstrating certain surgical operations two months before and that it had been in a vat for a year, and that Dr. Hannah Gra-ham had made the ligations of the ar-teries in the neck, but in the face of this explanation the country constables positively identified the body as that of the woman who had died a few days be-fore. The police knew the facts, but said if the body had served its purpose and the college does not care for it, let these country fellows have it and be happy. Dr. Durham was asked, "Why your silence?" He replied: "My posi-tion is a peculiar one. The undertaker brought the body from the poor farm for the Indiana Medical College, but gave it to me instead, so silence was golden so far as I was concerned, for I was looking for future favors." There will be no more episodes like this one, for the law gives the state anatomical board the right to all unclaimed bodies. Another doctor had this to say: "Twen-ty years ago the windy Jeff Garrigus was in his prime as a ghoul. I never gave him much credit for anything. He was in jail several times, but never con-victed, so that I considered him a four-flusher. However, one rainy night he called at my residence with a bullet in his shoulder and the newspapers the next morning had a report of a grave-yard desecration, but Jeff's name was

not mentioned." A third doctor wanted to have his say. He said: "It is now past my office hour, but I want to remind you that the great mare's nest was at our college (Indiana Medical). Ten bodies were found buried in the basement. Dr. David Ross, the demonstrator, was called and gave what was a fair explanation, but it took a week's investigation to convince the authorities that the bodies were simply the waste from the dissecting room." Dr. Waterman listened attentively, and said, "I will sometime tell some stories that relate to the period of the civil war."

**Telltale Tooth Brush—Doctor's Bullet Kills Holdup Man.**

Sometimes only a trifle will solve a problem. Some years ago a highwayman attempted to hold up Dr. Abbott near University Park. Dr. Abbott shot the thief. In the case of Dr. Abbott the bullet entered the center of the abdomen just beneath the integument and made a semicircular route to the center of the back, and was removed by Dr. W. B. Fletcher. The highwayman, whose name was Howard, refused to talk to W. H. Blodgett, of the News, Jerry Kinney or the police surgeon. He was told that the bullet from Dr. Abbott's pistol, which had entered his abdomen, would cause his death in less than two hours. The police surgeon heard something drop on the floor. It was a toothbrush and the name of a druggist in Michigan City was on it. A chance was taken and the prison officials were asked by telegraph for information. It so happened that Howard and his partner had escaped from the prison the same day. Yet with death and this information confronting him, he refused to talk, except to say to the police surgeon, "Please hold me up a moment," and he was dead in a few moments. The partner attempted a robbery a few days later and was killed. Dr. Abbott got well.

**THE CINCINNATI SANITARIUM.**

The Cincinnati Sanitarium is a beneficent, although not a benevolent institu-

tion in the ordinary sense of the word. It has done and can not avoid doing in the ordinary course of business, much gratuitous, if not charitable, work, but the purpose of its directors has been, and is, to furnish accommodations, and the best possible treatment for a class of persons (financially able to pay for the accommodation and treatment) whose condition requires more or less seclusion from public view and excitements, associated with intelligent medical treatment, who may desire to be spared the notoriety, or history, of legal commitment to, and residence in, state institutions, as dependent wards of the state—at an expense that, if sufficient to pay actual cost of administration, keep up repairs and make such improvements and enlargements as are indicated as both useful and desirable, and make ordinary returns for capital invested, satisfies them. The officers are: Directors—H. P. Collins, president and business manager; William Lonney, Jr., secretary and treasurer; J. L. Otte, H. W. Collins, H. G. Collins. Medical Staff—Frank W. Langdon, M. D., visiting consultant; Egbert W. Fell, B. S., M. D. (late Major M. C., U. S. A.), resident clinical director; Charles B. Rogers, M. D., resident medical director, pathologist.

**TO MY DAUGHTER—THREE DAYS OLD.**

By Nancy Barr Mavity.

Your eyes look out unquestioning, unafraid,  
On an alien world.  
Your ears are crinkled, half-unfolded  
leaf-buds;  
Your hands are fluttering moths at twilight;  
You have supped on the white milk of  
my love—  
You have never tasted the salt of tears.

Little unawakened heart!  
When your eyes have grown dark with  
pain,  
When your ears have heard the rhythm  
Of your own sobbing in the night,

When your weary hands have lifted the  
burden of sorrow,  
And your lips have forgotten my breast,  
This other drink I bring you—  
The strong red wine of courage,  
Distilled from the slow drops of my suf-  
fering heart.

Then shall your eyes look out,  
Unquestioning, unafraid,  
On an alien world.

—The Bookman for May, 1919.

This little poem speaks out from a woman's heart. There is nothing fictitious about the thought expressed, but it deals in actuality, for a beautiful little girl was born to the author a few months ago. Except under these circumstances, no one could so talk truths from heart and body. Mrs. Mavity's father is a doctor and her husband is a publisher, all known in Indianapolis.

MAUD WALTERS.

Indianapolis.

#### MED MISC

##### SWEET PEACE.

The darkness that obscured the light of  
peace has passed away,  
And millions of earth's people bow to  
give their heartfelt thanks.  
Brave mothers, who have lived in agony,  
now kneel to pray,  
And stalwart trenchmen who have  
known a bullet's pain,  
Will not return again to charge in  
serried ranks.

The hardships of a struggling mass of  
frenzied warriors, bold,  
Are swept aside by words of trust  
from hearts that love their God,  
And promises of greatest worth to all  
the nations have been told;  
And ties that bind the weak and strong  
are found to compass all,  
And cruel missiles shall not cross the  
paths our lov'd ones trod.

I

The currents from torn wounds will not  
have flown for a lost cause,  
And aching hearts will not have  
poured their grief for death alone,

And poverty will lose the daggers from  
her murd'rous paws,  
And staring crosses, which have marked  
the heroes' graves  
Have paid for sweetest peace. And  
naught else could atone.

The passions of designing greed must  
yield a wiser plan,  
And justice, once again enthroned, can  
equalize for all.

The culmination of the strife, of the  
struggle once began,  
Has put to death the tyranny, not those  
who died—

Their martyred lives live on. Sweet  
peace came at their call.

New visions of a day have come, where  
truth and right will rule,  
And genius will invent for good, and  
not to slaughter men,  
And equity and honor will be taught in  
this new school,  
And nevermore will human beings live  
in clouds of war,  
But will look up and see the God of  
Love again.

—CHARLES O. LOWRY, M. D.

Pasadena, Cal. (formerly of Indianapo-  
lis).

#### THE VICTORY MEETING.

From every point of view the annual session of the Association held at Atlantic City last week must be considered a success. The attendance far exceeded the expectations of the most optimistic; the registration was 4,929, exceeding by nearly 1,000 the registration of the largest previous Atlantic City session, held in 1914; in fact, the registration this year has been exceeded only by that of the Chicago and New York sessions.

An unusual feature was the new arrangement for section meetings, by which each section holds only one meeting a day. This plan was carried out by all of the sections except one, and the House of Delegates directed that the plan be continued.

The special Victory Meetings on Wednesday and Thursday evenings and

the war sessions held Thursday afternoon, devoted to general medicine and surgery, were a novelty of this session. These meetings were well attended, the foreign guests and distinguished representatives of American organizations were enthusiastically received and the programs were instructive. Reports of these meetings appear in this and in the next number of The Journal.

The sessions of the House of Delegates were unusual, especially because of the sociologic-medical aspects of the questions discussed. Narcotic addiction, social insurance, physical education, pharmaceutical interests, the publication of new journals, antivivisection legislation, daylight saving and the securing of permanent benefit from the medical work of the war—these were some of the subjects which engaged the attention of the House and on which definite recommendations were made or action taken. These are reported in the published minutes of the House of Delegates.

Among other attractions the scientific and commercial exhibits were exceptional, both in the quantity and character of the material presented. In the scientific exhibit special notice should be given to the demonstrations by the Army and Navy Medical Departments and the Public Health Service of work both during the war and in preparation for peace. Connected with the scientific exhibit was a continuous motion picture performance, in which were shown many new educational films.

Finally, it is not amiss to add here a note of thanks to the physicians of Atlantic City for their co-operation. Arranging for an annual session of the Association, requiring numerous meeting places, large exhibit space and hotel accommodations for over 5,000 physicians and their guests, is no small task. The aid given by an active local committee on arrangements is a determining factor in the success of the session.—Journal American Medical Association, June 21, 1919.

#### Officers Elected.

President, Surgeon General W. C. Braisted, U. S. Navy; first vice-president, D. L. Edsall, Boston; second vice-president, Emery Marvel, Atlantic City; third vice-president, Eugene S. Talbot, Chicago; fourth vice-president, George H. Kress, Los Angeles; secretary, Alexander R. Craig, Chicago; treasurer, William Allen Pusey, Chicago; speaker of House of Delegates, Hubert Work, Pueblo, Colo.; vice-speaker, Dwight H. Murray, Syracuse, N. Y.; trustees, Archibald Dowling, Shreveport, La., A. R. Mitchell, Lincoln, Neb., D. C. Brown, Danbury, Conn.; judicial council, Ira C. Chase, Ft. Worth, Tex.; council on health and public instruction, Haven Emerson, New York City;; council on medical education, Arthur D. Bevan, Chicago; council on scientific assembly, J. B. Blake, Boston. Next place of meeting, New Orleans, La.

#### Medical Veterans of the World War.

An organization with this title was founded, with the following officers: President, Victor C. Vaughan; vice-president, Admiral E. R. Stitt, M. C., U. S. N.; secretary and treasurer, S. F. Russell.

#### NEWS ITEMS.

Dr. E. B. Mumford has been made chief of the orthopedic service at Camp Taylor. In reconstruction work, he has been doing a large amount of bone surgery by the newest methods. Upon this subject he read a paper before the National Association of Orthopedic Surgeons in June.

Dr. Earl Miller, of the experimental department of medicine, Parke, Davis Co., Detroit, spent the early part of July in Indianapolis.

Dr. H. H. Wheeler and family are at Traverse City, Mich.

Dr. F. O. Warfel, who was commanding officer of Camp Hospital No. 77, has returned to Indianapolis.

Dr. F. W. Mayer has returned from a visit to Wisconsin.

Dr. Charles P. Emerson and family have taken a cottage at Madison, Indiana. It is located on an eminence near the river. Dr. Emerson will spend the week-ends at his cottage.

The following have received honorable discharges from the army medical corps: Lieut. J. C. Armington, Anderson; Capt. B. F. Wray, Camden; Lieut. G. M. Showalter, Elwood;; Capt. M. F. Porter, Ft. Wayne; Lieut. P. R. Tindall, Greensburg; Major J. W. Bowers, Michigan City; Major H. H. Thompson, Noblesville; Capt. K. M. Koons, Major A. F. Weyerbacher, Capt. F. J. Beck and Capt. R. L. Lochry, of Indianapolis.

Major Paul Martin, formerly superintendent of the Indianapolis City Hospital, left San Francisco July 10 for Siberia, to be chief consulting Red Cross surgeon for the American expedition in Siberia.

When he left Indianapolis for France, Major Martin was captain in Base Hospital No. 32, but after arriving there he was transferred, in March, 1918, to the staff of the French allied hospitals, and served at Chateau Thierry, Soissons and other places. After that he was transferred to the American front, where he did service with various hospital forces in the thick of the fight. When the armistice came, he accompanied the American army of occupation into Germany. Coblenz, Germany, was his last station.

The following officers were elected at the July meeting of the Indianapolis Historical Society: Dr. S. E. Earp, president; Mrs. John Engelke, vice-president; Miss Margaret Gilday, secretary-treasurer. The evening was given over to a Shakespearean program, papers being read by Miss Margaret Gilday, Miss Abigail Gilday, Mrs. John Engelke, Mrs. Ada Haverfield and Dr. S. E. Earp. The study for next year will

be the United States, the committee to arrange the program including Mrs. Evelyn Earp, Dr. Amelia R. Keller, Miss Margaret Gilday and Mrs. Engelke.

Dr. E. H. Katterhenry has located at 1107 Odd Fellows building.

A card from Captain R. A. Solomon says: "Along with my other duties, I am seeing France." He was formerly an interne at the Long Hospital in Indianapolis.

Dr. Charles E. Cottingham, who has been in military service for nearly two years, has returned to Indianapolis, having been honorably discharged at Fort Sam Houston, San Antonio, Tex., where he had charge of the neuro-psychiatry board in the base hospital. Dr. Cottingham was commissioned captain at Fort Benjamin Harrison. He was a member of the unit that left for Roumania, which was recalled after getting sixty miles to sea out of San Francisco. In January, 1918, he was sent to Camp Kearney, Cal., and remained there until transferred to Fort Sam Houston. Dr. Cottingham's office is 416 in the Board of Trade building.

Lieutenant C. L. Bartlett, formerly of Indianapolis and graduate of the Indiana University School of Medicine, 1914, has charge of a laboratory in hospital service in Chaumont, France. After discharge from army service he has the offer of a position in the Imperial Hospital, Pekin, China.

George W. Poelhuis, clerk at Francis' Pharmacy for a year, died June 16 of pernicious anemia at his home, 416 North Wiley avenue.

Dr. Ross C. Ottinger has returned from Camp Custer to resume practice in Indianapolis.

Miss Mary McCoy and her sister, Miss Margaret L. McCoy, sail from Vancouver July 24 for China. Miss Mary Mc-



Coy was for some time superintendent of nurses of the Deaconess Hospital of Indianapolis. For more than a year she has been an army nurse in the United States service at Newport News, Va. Now, sent by the Rockefeller Foundation, she goes to Pekin, China, as a member of the nursing staff of the Union Medical College of that city. Her sister, Miss Margaret, who for the past year has been a war worker in the Ordnance Department, Washington, D. C., will go with her and do clerical work in the medical college. Another sister, Miss Bess McCoy, is a missionary in Pekin, at the head of the Christian kindergarten and primary schools.

Dr. Will H. Kennedy, Hume-Mansur building, has been made national secretary of the American Radium Society.

The funeral of Dr. Effie M. Current was held in Danville, Ill., June 15. Miss Current, 44 years of age and one of the leading women physicians of the Wabash valley, died after an illness of a year. She was a Hoosier, having been born in Warren county. She was a graduate of the Indiana School of Medicine and Surgery class of 1902. She practiced in Crawfordsville for eighteen months and then located in Danville, where her parents, then retired farming people, had moved a short time before.

The State Board of Dental Examiners have elected the following officers: Dr. W. L. Myer, of Rensselaer, president, and re-elected Dr. H. C. McKittrick, of Indianapolis, secretary and treasurer.

Dr. Joseph Rilus Eastman was elected a member of the American Surgical Society, which met in Atlantic City in June.

Mr. W. W. Scott, a druggist in Indianapolis for thirty years, died in California June 18, 1919, of pneumonia. His

brother has a drug store on the corner of Sixteenth and Illinois streets.

In mid-June, opium thieves raided several Indianapolis drug stores. Norman E. Rawson, Illinois and Eleventh streets; Hook's drug store on East Washington street, and the branch of Parke, Davis and Company were the unfortunates. The loss was several hundred dollars.

Dr. Ralph B. Earp, formerly of Greencastle and Indianapolis, now of Eldorado, Kan., and who was an officer in the war, has been released from service and has resumed practice at his former location.

Dr. Harry K. Langdon, who has been a captain in the United States Army, and who has been located at Camp Taylor and United States Army General Hospital No. 22 at Philadelphia, has resumed his practice at 404 Hume-Mansur building. Before entering the service Dr. Langdon was a member of Medical Advisory Board No. 56, Division No. 1. He is a member of the teaching force of the University School and City Hospital and also the medical clinic at the Dispensary.

Dr. A. L. Loop has returned from army service and located at Crawfordsville, Ind.

One of our best exchanges is American Medicine. It is constantly presenting new things and nothing practical is missing. The special war number is a tribute to the members of the American medical profession who served the nation during the war, "even unto death." It is rich in material and significance.

While Dr. Virgil Moon was driving his automobile near Millersville, July 3, it turned over and Mrs. Moon sustained a broken arm.

## BOOK AND JOURNAL REVIEWS.

**The Health Officer.** By Frank Overton, M. D., D. P. H., Sanitary Supervisor New York State Department of Health, and Willard J. Denno, M. D., D. P. H., Medical Director of the Standard Oil Company. Octavo of 512 pages, with 51 illustrations. Philadelphia and London: W. B. Saunders Company, 1919. Cloth \$4.50 net.

At the outset, organization of a health department is considered, then the officer and things concerning the board. Records and reports, the Sanitary Code and all important vital statistics are given ample space in the text. Public health nursing shows the need of a nurse to educate, advise, encourage and to inspire where such one is most needed. She can convince the people that the orders of the health officer are right and needed for the welfare of the people, and it is one of the best methods to overcome opposition. She becomes the handmaid of the department and is an important factor in the success of the health officer. Much in health work is of a private nature, but there are other avenues which need publicity. The authors recognize this fact, and all such matters are given in detail. The discussion of micro-organisms brings us to the subject of bacteriology and the importance of laboratory work is shown; closely related is immunity and epidemiology, which the text does not neglect. One of the most important chapters speaks of the management of a case of communicable disease. I will not comment further than to say that my experience in teaching this subject to college classes and as a member of the local board three terms gives me good reason for endorsing the contents of this book.

The infections of the central nervous system and a large number of other diseases are given in such detail as this publication requires to add to its completion.

Insect-borne diseases are treated understandingly and the question of food in every phase is amply considered.

Sanitary engineering, nuisances, sew-

age disposal, water supplies, ventilation, camp sanitation and child hygiene are topics presented and are of the greatest importance. S. E. EARP.

**The Blind, Their Condition and the Work Being Done for Them in the United States.** By Harry Best, Ph. D., author of "The Deaf, Their Position in Society, and the Provision for Their Education in the United States." The Macmillan Company, New York, 1919.

The dedication is worth repeating: "Those bearing the heaviest of human sorrows, but in whose souls there shineth an everlasting light, and to those who labor for them with infinite courage and faithfulness."

The study of this field of inquiry respecting the blind is limited by Dr. Best to the United States, except so far as an account is necessary of the operations in the foreign countries in the way of affording instruction to blind children and of devising a system of raised print, as an introduction.

Because of the number of persons who have become blind in other lands as a result of the present world conditions, it would have been interesting to let this study relate to them, but it would require a much larger book, and we're thankful to the author for what he has done and feel positive that in the future his work will occupy a greater field. In a most splendid manner we are presented with a statement of the condition of the blind in America and the work that is being done for them.

Dr. Best recognizes the misfortunes of the blind and their sorrows, their struggles and their attainments, their fortitude and their heroism, all of which has received commentary. We think of the blind with sentiment and a profound human love, but this is of secondary moment. We must do our part by engaging in a scientific inquiry to better the conditions of the blind, which is justice to themselves, society, and, in fact, it becomes a question of economics.

Consideration is given to the prob-

lems of education, and psychology is not lost sight of. The study that the author has given this subject shows an aim to discover the attitude of society or of the state toward the blind, together with the duties which have been recognized with respect to them and the extent and the form, as well as the adequacy and the correctness of the treatment accorded them. Society's attitude has been one of compassion, but it must be one of education in a general sense. Education must not be confined to schools only, but it must be developed in the home also. Industrial education is an important factor for those who are able to work, thus giving them the opportunity to become wage-earners.

Dr. Best takes up the question whether or not blindness should be accepted as a settled condition with us, and very rightly with much emphasis and directness he calls attention to the fact that at least a large part of this affliction should have been prevented.

The various parts of this treatise discuss a general view of the blind, possibilities of prevention, provisions made for blind children, intellectual supervision, material provisions for the blind, comment upon the organizations which have been established to promote the general welfare, and, finally, a review of the work for the blind as a whole in the United States, together with the conclusions formed by the author.

Very succinctly, Dr. Best speaks of how the activities of the blind may be divided into five groups: (1) Educational, including the establishment and maintenance of schools for blind children, and intellectual provision of several kinds for blind adults; (2) eleemosynary, including the creation of homes for the care of the blind, both adults and children, and the adoption of a general pension system or other system of relief; (3) industrial, consisting of various measures designed to give the blind employment; (4) directive, including the work of associations and commissions for the blind, and (5) preventive, consisting of operations to prevent blindness. S. E. EARP.

**Progressive Medicine.** A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by Hobart Amory Hare, M. D., assisted by Leighton F. Appleton, M. D. Vol. II. June, 1919. Lea and Febiger, Philadelphia and New York, 1919.

We are always pleased to read after such names as Coley, Wilensky, Clark, Funk and Hardy. "Hernia and Wound Shock" will bear careful reading. Then, what is said relative to the liver, peritoneum and the intestinal tract is of equal importance. We find not only the opinion of the author, but the best that has recently been written concerning these topics. Gynecology is given considerable space, and not without good reason. It is an important subject and much work has been done in this line. Funk presents us with the disorders of nutrition and metabolism in a masterful manner, and, of course, diabetes mellitus finds a place in the text. Quite a little space is given to disorders of the blood, which is a large field for study.

Ophthalmology brings most important information from war conditions. There are short and interesting abstracts relative to ocular lesions of leprosy, retinal hemorrhage, focal and dental infection in eye diseases, and many others. We find much matter concerning the retina and tracts, the pupil and uveal tract, cornea, lens and sclera and the vitreous. S. E. E.

**United States Naval Medical Bulletin.** Published for the information of the medical department of the service. Issued by the Bureau of Medicine and Surgery, Navy Department. Report on medical and surgical developments of the war by William Seaman Bainbridge, Lieutenant Commander Medical Corps, United States Naval Reserve Force. Washington. Government Printing Office, January, 1919. Special number.

This report comprises observations on the western front and in England during December, 1917, and the first six months of 1918, made pursuant to the in-

structions of the Surgeon General of the United States Navy. For purposes of comparison, there have been added certain data obtained while in Germany during the autumn of 1915.

In making the survey, the following objects were kept constantly in mind:

1. To record the surgical lessons of the present war, based on the experience of our allies.

2. To secure anything likely to be of value to the United States Naval Medical School, Washington, D. C., or helpful in the preparation of medical men and hospital corpsmen for active service.

Dr. Bainbridge says: "In writing a report of this kind, where the material gathered is so exhaustive and illuminating, there is a strong temptation to go into detail. An effort has been made to combat this temptation and to cover only such points as seem to have a practical bearing on the objects for which the survey was made.

Every source of information which could be reached in the time at my disposal has been utilized. The experiences of the British, the French, the Belgians and of those American surgeons who were in active war service with our allies before we entered the conflict, were unreservedly placed at my disposal."

The treatment of wound suture is valuable in that Dr. Bainbridge goes back to the sixteenth century and shows that those two great surgeons, Pare and Larrey, had the same idea of the treatment of wound suture that our great surgeons of today have. Pare laid stress on the importance of tight binding up and rolling the part "after the strange bodies are plucked or drawn out of the wound."

Much credit is given to the Carrel-Dakin method, although there is a great amount of controversy in surgical circles as to the Carrel-Dakin method of treating infected war wounds. "Even among those who have used it there are

bitter critics as well as earnest advocates. The result is that a decision for or against its employment can hardly be arrived at by the surgeon without personal experience and observation of its results." Many other methods are given and their importance and the claims made for them by the originators or those using them.

One of the interesting chapters is that concerning Germany at the beginning of the war. They had perfected, in their half century of preparation for war, an organization of ambulance and hospital service. They apparently believed this organization superior to that of the enemy, and an interchange of experiences might tend to prevent suffering and to save life and limb and would not be to their particular advantage. This is consistent with their philosophy, but devoid of the first elements of humanity. In the end were two striking contrasts: The one lies between the marvelous efficiency of Germany at the outbreak of the war, and the conditions best described as chaotic, which existed at that time among the allies. The other contrast, more gratifying to us, is shown when we compare those same conditions with the wonderful improvement to be found today on the side of the allies.

Dr. Bainbridge's chapter on the care of the wounded from the firing line to the convalescent camp is very complete.

Dr. Bainbridge was able to take a trip that enabled him to observe every step in the history of the wounded man from the moment of his receiving first aid until he was either restored to military duty or discharged as unfit for further service. The illustrations of the men and hospitals, etc., are very fine and interesting.

The book is full of fine and valuable illustrations, many of them showing the different stages of the wound. There are 245 pages, not including the pages of illustrations. Altogether, it is a splendid book, showing the importance of surgery in the war. P. M.

**War Medicine.** American Red Cross Headquarters, Place de Rivoli, Paris, Rooms 422-423. Volume II, No. 6, January, 1919. Published monthly by the American Red Cross Society in France for the Medical Officers of the American Expeditionary Forces.

It contains Research Society reports on conference on tuberculosis of the lungs, by Maj. Rist, Col. Sergeant, Lt. Col. Webb, Maj. Paolo Alessandrini, Maj. Garvin, Maj. C. Bjerving, Capt. J. H. Musser, Capt. W. A. Somerville, Lt. Col. Alfred E. Cohn, Maj. Flandin, Maj. Leon Bernard, Lt. Col. W. Malloch Hart, Lieut. R. J. Allison, Maj. A. P. Francine, Lt. Col. Aldo Castellani, Maj. Cabot, Maj. Henry W. Cattell, Maj. D. J. Glomsett, Maj. H. E. Robertson, Capt. A. N. Desjardins, Capt. E. C. Ernst, Col. Sir Almroth, Lt. Col. E. H. Burns.

Official Report on Intrathoracic Surgery, from Laboratory of Surgical Research, Am. E. F. Wound Bacteriology, by Capt. Theodore C. Beebe. Paris Hospitals, by Capt. T. D. Boulanger.

There are eighty-three important abstracts.

Vol. II, No. 7. February-March, 1919. Published monthly by the American Red Cross Society in France for the Medical Officers of the American Expeditionary Forces. It contains:

Research Society reports conference on problems relating to the area of advance, by Gen. Finney, Lt. Col. Turck, Col. Pearson, Col. Cummins, Lt. Sutton, Lt. Col. Lee, Lt. Col. Clinton, Gen. Wallace, Lt. Col. Poole, Lt. Col. Vaughan, Col. Brooks, Gen. Makins, Gen. Bowlby, Col. Crile, Lt. Col. Johnson, Lt. Col. Cannon, Col. Reynolds, Col. Lyle, Gen. Sir John Rose Bradford, Capt. Middleton, Prof. Barcroft, Maj. Castellani, Lt. Col. Yates, Capt. Robertson, Maj. Mixter, Lt. Col. Wolsey and Sir Walter Fletcher.

Surgery at the Base, by Brig. Gen. J. M. T. Finney, Col. G. W. Crile and Maj. T. W. Burnett.

Nerve Injuries, by Andre Thomas.

Bibliography of Articles on Nerve Injuries, 1914-1918.

Traumatic Shock, by Maj. W. B. Cannon.

Facio-Maxillary Surgery and Oral Focal Infections, by Capt. A. W. Nodine and Maj. Kazarjam.

There are 146 important abstracts.

**Squibb's Materia Medica, 1919 edition.**

A complete alphabetical list of all of the Squibb products, and articles of the United States pharmacopeia and national formulary, mention of new remedies, antidotes, incompatibles, etc.

Squibb's Materia Medica has always been a great help to physicians. What is said concerning agents furnished by the firm publishing this book has a completeness, but other remedies are less complete in description. In case of *hyocyanus passiflora* and others the dose is given of the dry preparation, and then if a fluid preparation is suggested to the mind of the reader he must look under the head of fluid extract. If these several items were condensed under the former head there would be more space for additional agents. However, by giving a little more time and thought, the remedy can be found, though less repetition would be better. Since the book is a present, we should not look a "gift horse in the mouth," and for some years this publication has served the writer well relative to some point of reference. The firm of Squibb is always dependable and this book will serve a good purpose.

S. E. E.

**Year Book of the State of Indiana for the Year 1918.** Compiled and published under the direction of James P. Goodrich, Governor, by the Legislative Reference Bureau, Charles Kettleborough director. Indianapolis. William B. Burford, 1919.

The Indiana Year Book was provided for and established by the General Assembly of 1917, and the first volume was issued in 1918. The present volume covers the fiscal year ending September 30, 1918. The Year Book is designed to

present in a concise and compact form the activities of each department of the state government for the year last preceding. In the present volume, the official reports constitute 736 pages, and the remainder of the book is devoted to a discussion of local government, including counties, townships, cities and towns, together with such agricultural, economic, financial and social statistics as seem to be of most general importance. The Year Book is designed as a manual of the state government; copies may be available to all citizens of the state, and particularly that all public officials, newspapers, libraries, schools and colleges may be amply supplied, twenty thousand copies of the 1918 Year Book have been issued, and persons who are interested may obtain copies free of charge by applying in person or by mail to the Legislative Reference Bureau, State House, Indianapolis.

P. M.

**Catholic War Council.** We are in receipt of Vol. I, No. 1, of the National Catholic War Council, which is published at 930 14th St. N. W., Washington, D. C.

This is evidently a publication of the Catholic church, which will show the means by which service was rendered to the nation in time of peril and need. Everyone knows of the great work done by the Knights of Columbus and how valiantly the Catholic sons did their part. This issue contains articles by Peter J. Muldoon, Michael Williams, John B. Kennedy and May M. Murphy, and some illustrations.

**Transactions of the American Surgical Association.** Vol. XXXIV. Edited by John F. Binnie, M. D. Published by William J. Dornan, Philadelphia, 1918.

This volume contains the papers read before the association at the meeting held June 6, 7 and 8, 1918, at Atlantic City, N. J. The officers of the association are: Lewis S. Pilcher, president; George W. Crile and Edward Martin, vice-presidents; John H. Gibbon, secretary; Francis T. Stewart, assistant;

Charles H. Peck, treasurer; Charles N. Dowd, assistant; John F. Binnie, recorder, and William D. Haggard, assistant. The authors of the papers are prominent surgeons and the papers are well worth reading. The illustrations are good.

#### THE IMPORTANT BOOK REVIEWS.

Seems the periodicals leave out the most important book reviews. Novels and histories and books of poetry and all these are reviewed at length, but how about reviews of dad's bank book and mother's cook book and others along that line? They're the most important books of all, take it from the full assemblage of the family in council convened.

Just to supply the deficiency, here are some of the book reviews the members of the family would like to see every week or so:

**Dad's Bank Book**—This book is filled with interesting reading in the first few pages and the blank pages in the back of the volume pique the interest and arouse curiosity as to just what will be indited there. Book is statistical in character, with the last figures not being as impressive as those first appearing in the book. Persons accomplished in reading between the lines can read "summer vacation" and "summer clothes" for the entire family into the last figures shown.

**Mother's Cook Book**—Heavy-looking volume, jammed with the best sort of reading. To have mother read aloud from this book while hitting it up between stove and pantry in the kitchen, is to get one of the real sensations of the summer book season. It is interesting to know that mother manages to get more out of a perusal of this book than any one else.

**Sister's Pocketbook**—As thin as the airiest romance ever penned. No one ever takes this book seriously. An interesting hodgepodge of odds and ends, samples of various moods, etc. Everyone is defied to find anything of any real value in this volume.—Indianapolis Times Editorial.

# INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

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No. 8

## ORIGINAL COMMUNICATIONS

### ACUTE INTESTINAL OBSTRUCTION AND DANGER FROM MORPHINE AND DELAY.

By Murray Nathan Hadley, M. D., Indianapolis.

At a recent meeting of the Sixth District Medical Society during a discussion of Acute Abdominal Crises, one discussant made the old, old point that morphine was a dangerous drug to be used in such conditions. This remark was criticized on the ground that under-graduate medical students could properly be warned of the dangers of masking symptoms by morphine, but mature practitioners had long ago learned the lesson.

The danger in such a practice has been proven so many times, it has been written about, discussed very frequently. The equation severe, continued abdominal pain + repeated doses of morphine = death, especially if the pain is produced by an obstruction, is just as constant in its sequence as  $2 + 2 = 4$ .

Yet, despite this maxim of medical practice, there are some physicians who

do not know it, or knowing it, they ignore it. In support of this statement I would invite an inspection of the records of the Indianapolis City Hospital. I am unable to say what the average length of time, in any large group of cases of this kind, between the onset of symptoms and entrance of the patient to the hospital, but I know that in my own service of three months there are annually two or three cases of acute intestinal obstruction sent into the hospital from two to four days after onset of symptoms who usually give a history of repeated doses of morphine. I am therefore led to believe that the practice of giving repeated doses of morphine in grave abdominal crises is in no sense obsolete.

No one will deny the urgent need and absolute necessity of the first  $\frac{1}{4}$  gr. hypodermic of morphine and possibly the

second in these cases. These patients must not be denied immediate relief, in so far as it is possible, from their agonizing pain. But before the second dose is given the surgeon should be consulted and a definite surgical plan for relief outlined.

The writer has been interrupted in the preparation of this short article by a call from the City Hospital to operate upon just such a case now under discussion—Acute Intestinal Obstruction. This is the third case since April 1st, and they are all dead; two died on the operating table and one three days after operation.

Two of them were strangulated inguinal herniae and one a volvulus of the cecum the later, by the way, is a very unusual condition.

The same delay in getting patients suffering from acute appendicitis into the hospital is apparent. A great many appendiceal abscesses are operated upon at the City Hospital. This means pathology, as a rule, from three to five or six days standing, when, as a matter of fact, these cases should be operated upon within twenty-four hours or at most thirty-six hours from onset of symptoms.

The greatest surgical conservatism must be practiced if the acutely obstructed cases are to be saved, that is the cases which have gone beyond the period in which operative procedures of any magnitude can be safely undertaken.

There is only one thing that can be safely done and that is under local anesthesia, an enterostomy for relief of the obstruction, leaving the pathology to be attended to later.

If a general anesthetic is given and a search should be made through a wide incision for the cause of the obstruction, and then an attempt made to resect the patient will surely die.

A keen discussion a few years ago occurred as to what caused death in acute obstruction. One group claimed that the toxin was a chemical poison secreted from the mucous membrane of the obstructed gut, while another group

maintained that bacterial decomposition in the obstructed loop was the origin of the toxin.

Experimentation showed conclusively that the cause of death was always the effects of the toxins within the gut, regardless of its origin. The deduction from this is that this toxic material must be eliminated from the gut above the point of obstruction.

Whatever may have produced the obstruction, whether it be kinks, bands, adhesions or hernia, is of secondary importance, in these advanced and neglected cases, to the prime necessity of emptying the gut.

Resections of the gut will usually be required at a later date, when the patient has entirely recovered from the toxemia of the acute obstruction.

A toxic patient will withstand only a very small amount of anesthetic or traumatism, while a non-toxic patient will easily and safely withstand very extensive resections.

The first of the three cases mentioned above was a volvulus of the cecum. The entire cecum and distal 12 inches of ileum were twisted on the long axis one complete turn and one-half of another. The mass of twisted gangrenous bowel filled the abdomen much as a full term pregnancy.

Although obstructed from Tuesday until Friday, when she was operated upon, the patient was in remarkably good general condition and should not have died. Her general condition seemed to warrant a resection, which was done. There was a beginning peritonitis at the time of the operation due to the gangrenous cecum, and this condition progressed following the operation and resulted in death on the third day. I feel now it would have been better surgical judgment, to have simply laid the involved gut on the abdomen and left it there after opening it, reserving the resection to a future time. The beginning peritonitis likely would not have subsided, however. Volvulus of the cecum is a rare condition, and can only occur when the mesentery of the cecum is unusually long.



The other two cases of obstruction were produced by strangulated inguinal hernia.

One of them, a white man, fifty years old, with fecal vomiting and pronounced shock, showed no evidence whatever of the presence of a hernia, nor any history of hernia, yet when the abdomen was open and the hand swept rapidly over the internal rings a small knuckle of gut was found caught in the right internal ring. It was not gangrenous nor difficult to release. No plastic work was required on the bowel and the operation did not last over twenty minutes; yet the man died within a few minutes after completion of the operation.

The primary reason for this man's death clearly lay in the delay of the operation. He had a simple obstruction without damage to the gut easily re-

leased and if operated upon twenty-four hours sooner would not have died.

The third case was a colored man sixty years old, with hard arteries and albuminuria and a left strangulated inguinal hernia. His condition seemed to be good. He was operated upon at 8 p. m., the hernia having been strangulated since 10 a. m. of the same day. The gut was dark but not gangrenous, and did not require resection. The cause of death in this case I believe to be largely due to the anesthetic, for which I was partially responsible.

These cases all illustrate the dire consequences of delay in bowel obstruction. They also illustrate that delay still exists among the class of patients usually referred to City Hospital.

They finally illustrate room for improvement in the surgical judgment of at least one member of the staff in the handling of these desperate cases.

#### EVACUATION HOSPITAL SURGERY.

By F. C. Walker, M. D., Indianapolis.

During my service in the A. E. F. it was my privilege to spend eight months in the evacuation and mobile hospitals on the front varying in distance from the fighting line of from five to fifteen miles. This service gave me a splendid opportunity to see things as they really occur in strenuous activity. My first assignment was with the French third army, which was in the line north of Compeigne protecting that important railroad town from the invading Hun. Royallieu Hospital, just out of this town, was a splendidly equipped and well regulated French evacuation hospital of three thousand beds. The French had been in the war game long enough to have a good working system in operation.

It was intended that all those who were sent to these hospitals should first observe the methods of doing war surgery and after a short time receive an assignment of regular hours and tables for real work. These days spent in observation were indeed very helpful and intensely interesting. Also it can be

safely said that the surgeon who sees the kind of surgery done in these hospitals for the first time receives quite a shock when he compares it with what he knows of civil surgery. I remember very vividly my impressions when I first witnessed military surgery. It seemed so extensive and some of it so unnecessary that I did not understand it all, but further observation made things clearer.

The better French surgeons are very clever and exercise keen judgment in the performance of their duties. There are others who are not clever and never will be regardless of training and experience.

Not only were our surgeons sent to the French and British to learn, but they were sent at the urgent request of their governments to help them out. In the March 21st big drive many surgeons had been captured and killed, and as another drive was expected at any time, it was very necessary that more surgeons be had at once.

On May 27th last at 4:15 a. m., the big

German offensive started, and by 1 o'clock that day the ambulances were pouring in bearing large numbers of horribly wounded soldiers. Here again one who sees it for the first time receives a sad shock, and gets a lasting impression of the awfulness of war. Many had died on the way in the ambulances, others died while waiting to get into the receiving wards; others died while waiting to go to the operating room and some in the operating rooms.

The chief causes of death were hemorrhage and shock. The character of the wounds were the worst in the May and June drives of any I saw during my whole experience. Legs and arms were dangling by mere fragments of tissue; faces were horribly mutilated; abdomens were lacerated and the contents exposed.

As they come in they are quickly placed in the receiving wards, where the records are made out and the treatment started. Local application of heat, hot liquids to drink and smokes were always welcomed by the wounded.

While in the receiving wards they were stripped, if possible, washed and taken to the X-ray room, where foreign bodies and bone injuries were carefully and quickly located and markings made on the skin with indelible ink for the guidance of the surgeon. The French radiologists were indeed experts at this work, and the surgeon could always feel sure that by following instructions they would find what they were looking for—usually a thing very difficult to do. Following the X-ray examinations the wounded were removed to the room adjacent to the operating rooms. Those patients whose conditions were bad were taken into special shock wards, where they received treatment and were sent to the operating room later if they could be sufficiently revived.

The surgical work is done by teams. Each team is composed of two surgeons, one the head, the other the assistant, an anesthetist, two corps of men and two nurses. Each team has two tables. The stretcher bearers place the patients on

the tables and remove them when the work is done. While operating upon a patient on one table, the other is prepared if it is possible to do so without an anesthetic.

One of the striking things about the French wounded was the suffering caused by the tight constriction bands. Many of the wounded had one around each leg and one arm and occasionally both. These were always on tight and the loss of limbs was many times due to the damage done by the long applied constriction than to the original wound.

It was the method to cut wide of the wound tract, removing all damaged tissue regardless of what structures might be encountered. This the French called debridement. Extensive excision and removal were practiced. It was very hard for the Americans to see why it was necessary to do such extensive dissection, but further observation made this clear.

After three months of very helpful experience with the French third and tenth armies, all of our teams were ordered back to our army's field of activity, which, about the middle of July, was at Chateau-Thierry. It was here the Americans worked so hard and applied the knowledge gained while with the Allies. It is too bad some of the heads of our evacuation hospitals had not had some of the training above described. Many men might be better off if it had not been for the specific orders of some of these men who had not learned military surgery—many of them had never seen a wounded soldier before.

At Chateau-Thierry we had an abundance of work of all kinds. There were 25,000 patients passed through the hospital with which we were connected during the awful July fighting. Not all were operative cases. The slightly wounded were dressed and sent back to the base hospitals in the interior of France. The character of the wounds in our boys here was bad enough, but not so bad as those we had seen with the French in May and June.

The hospital at this point was close,

and the wounded arrived there four to ten hours after injury. The chief part of the surgical work during this drive consisted of removal of foreign bodies and amputations. Our X-ray operators were of great help, but were not skilled, as many of them were just over. However, they soon developed good methods and became very skillful.

It was not always possible to determine the amount of damage a fragment had done by observing the external wounds. A very small piece of shell fragment could completely destroy the muscle for two or three inches about the wound tract. A small wound of entrance of a rifle or machine gun bullet with a slightly larger exit wound, would often show on opening an extensive tissue destruction. A very small shell fragment was often found to have completely shattered the femur or other bones, driving the fragments in all directions into the soft parts. Fractures were very numerous. Joint injuries were numerous and usually severe, and extensive operative procedures were indicated. Many amputations were necessary. There was a great deal of abdominal work, some of it of the most extensive character. The long hauls added greatly to the mortality list in this class of cases. However, we were often surprised to see how well some of these seemingly hopeless cases would do after operation.

During the Meuse-Argonne American offensive all hospitals were worked to capacity. The character of the wounds were not so bad because most of them were produced by machine gun bullets. Wounds varied depending upon the kind of fighting. In heavy artillery action the wounds were more extensive and serious. In infantry and machine gun fire the wounds were cleaner with much less destruction.

One of the most frequent and hardest things to do was to control hemorrhage. It is a very difficult piece of work to find a bleeding point in badly lacerated tissues, especially where the bleeding vessel is located in the deep structures. Concealed hemorrhage was often found

where not expected, but usually it was evident by the tension of the surrounding tissues.

Bullets do some very peculiar things, and get into places where it is impossible to account for their being without doing more damage or proving fatal. I have seen a number of cases that have been shot through the neck structures without doing but the slightest bit of damage. Bullets buried in bone tissue are very hard to remove. Some bullets make a very small, innocent-looking entrance wound, but a fearful exit wound, because of the spreading which the bullet undergoes when it meets resistance. Some bullet wounds would extend almost the full length of the body just under the skin and fascia. This was due to the prone position of the soldier when hit. Many bullets passed through the chest and abdomen without much evidence of serious damage.

Shell fragments of all sizes and shapes caused the most horrible wounds. Even a fragment as big as a pea could produce extensive destruction of the soft parts and completely shatter large bones. These fragments carried in with them bits of clothing which insured infection and usually gas infection. The size of the piece of cloth would just about cover the missile. Many times the clothing fragments would be left in the wound while the missile passed out. This is one reason why it was always well to lay open the wound tract.

Fragments of stone and dirt were often found driven deeply into the tissues by shell explosions. These fragments produce ugly, irregular wounds and infection could always be expected. Pieces of timber were frequently found driven deeply into the body.

In the operative care of the various wounds the American surgeons soon learned that the French and British surgeons had given them good advice. The removal of a little too much tissue sometimes was much better than not removing enough. This was a hard lesson for our surgeons to learn. The patients were placed on the tables by the stretcher bearers. The surgeon then

made an examination of the wounds and skin markings to get an idea of the foreign body, its location, size and the best surgical procedures to follow to remove it. In the case of multiple wounds it was the policy to operate on the most extensive ones first and to leave those involving the gluteal region until the last part of the operation. Ether was the chief anesthetic used and this was usually given before the dressings were removed. Dressing removal was always a very difficult and painful job because of the size, ragged character and dried secretion. Many patients seemed to dread the dressing removal more than the operation.

Tincture of iodine was the universally used antiseptic. This was applied by gauze sponges on an artery forceps. The wounds were painted over first thoroughly, and then the surrounding skin with another saturated sponge.

The operation was begun by first excising the wounds of entrance and exit. The incision was made around the wound followed by careful dissection, avoiding, if possible, contact of the instruments with the edges of the wound. If the foreign body was still in the tissues, further dissection and search were made for it. It was the practice all the time to avoid cutting across large muscle structures if it could be done and still do what was indicated by the character of the wound, which was always the governing condition. All traumatized tissue was removed and the wound left with clean, fresh walls. When possible the dissection was begun on one side of the wound, carried down into the deeper structures and the destroyed mass removed in mass. Control of hemorrhage was always a difficult undertaking. Damaged vessels are very hard to grasp in deep structures and more difficult to ligate. Many were returned to the operating room for secondary hemorrhage.

If the missile passed through the parts the exit wound was treated as the first and the missile tract laid open if indicated, and this was always indicated if there was very extensive destruction. If

a bullet or shell fragment had passed through the soft parts without much damage it was necessary only to dissect out the wound openings and draw a strip of gauze saturated with iodine through the wound tract. Sometimes a curet could be used with very good results to clean out the smaller superficial wounds. In case of fractures, especially of the long bones, all the destroyed soft tissue and detached bone fragments were removed. Those fragments of good size were put in as good alignment as possible and supported by splints.

All extremity wounds were dressed wide open. Very few skin sutures or closing sutures of any kind were used. Tubes were inserted for drainage and for the treatment of the wound after the Carrol-Dakin method. Vaseline gauze strips were placed over the skin and the edges of the wounds to prevent skin irritation, which in many cases was a very annoying feature.

Although the tubes were placed before the patient left the table, it was not the custom to start the administration of the solution for some three or four hours after the operation because of the tendency it had to start hemorrhage.

Most of the abdominal work was very extensive and most of the cases succumbed. These cases were usually in bad condition from shock and loss of blood, and had to many times have special treatment in the special shock wards before coming to the operating room. Extensive gut resection was often indicated, or the removal of a portion of the liver or the spleen. Bladder injuries were very common, also horribly mutilating wounds of the penis and scrotum. One was often surprised, however, to see how remarkably some of these seemingly hopeless cases would do after operation.

Following the operation the patient was taken to the ward and was not seen again by the operator unless he had marked the card to hold for observation and special treatment. The cases were cared for by the ward surgeons for a few hours and then put on hospital trains and started on their way to the base hospitals in the interior.

## INCREASING PREVALENCE OF SCORBUTUS.

By J. Don Miller, M. D., Indianapolis.

With the increasing number of bottle-fed babies it is evident that more attention must be given to the proper feeding of these same babies. Far too little attention is paid to the kind of food, its preparation and to the instructions given to the mother regarding the amount of food and the intervals of feeding.

One of the many conditions resulting from improper feeding is scurvy or scorbutus. This disease is on the increase, due partly, strange to say, to the effort to obtain a good substitute for breast milk. I refer to pasteurized milk. There is, however, no objection to pasteurized or heated milk if we recognize the fact that in heating milk something is destroyed that is necessary to the health of the child, the vitamin. It is, therefore, necessary if you use heated milk to supply this vitamin in the form of raw fruits or vegetables.

The recognition of scorbutus, one of the conditions dependent upon this dietetic error is simple if we keep in mind the symptoms of the disease, but that this is so frequently overlooked is evidenced by the following example:

A child seventeen months old came with the following history: Breast-fed for six months. Since then on modifications of pasteurized milk; at present taking 8 oz. pastuerized milk without modification. Four months ago child became restless and nervous; cried whenever moved and seemed to be afraid of being touched. Would cry when taking bottle. Examination for diagnostic purposes in this case was not necessary. The condition causing the symptoms was scurvy.

It seems strange that since nine doctors, two dentists to lance the gums, and a massuer to massage the legs and back had at different times treated the baby and none of them had made a diagnosis. Now, the fault lay in our teaching—that our children do not have scurvy, or if they do, it is a rare condition, when the

fact is that it is a common condition in bottle-fed babies. That this was a case of scurvy was borne out by the result of the treatment. Owing to the long standing condition I gave the child the juice of two lemons and two oranges daily and in a few days the baby was apparently well. Now, here was an infant who for four months had been crying whenever she was moved or nursing the bottle lying in a characteristic position with the legs flexed at the knees and the legs rotated outward, knees slightly swollen, the knee reflex present, gums red, puffed and bleeding; nervous and stationary in weight; seventeen months old and on pasteurized milk diet without any other food. With these points in mind, the diagnosis was positive for scurvy.

True, there were no hemorrhages from the mucous surfaces either from the buccal cavity or from the bowel; nor were there any ecchymosis of the skin around the joints, but these conditions are very frequently absent, but the pain resulting from any manipulation of the legs with puffiness of the gums in a little baby, particularly when on pasteurized milk, is enough in itself to at least suspect the presence of scorbutus and treatment should be instituted at once.

I do not care to go into the question of the relative merits of raw and pastuerized milk other than to say that in our Children's Aid Milk Stations where infants have been on pasteurized milk alone, I have seen a few cases of scurvy successfully treated when they were put upon a raw milk diet alone. But, whether raw milk or pasteurized milk, we always give orange juice daily to bottle babies. An infant is never too young to take orange juice. Kurley reports a case of scurvy in an infant three weeks old. However, most of the cases of scurvy occur between the fourth and eighteenth month. And, during the eighth or ninth month it is well to begin

feeding small amounts of cooked cereal and beef broth or beef juices at the regular feeding times. Fruit juice, however, can be given at any time during the day with or without any dilution. And they must be given as a routine to all bottle-

fed babies whether we use raw or heated cow's milk, for it is the raw fruit that supplies vitamins, the absence of which are the etiological factor in the production of scurvy.

#### FURTHER OBSERVATION IN THE USE OF CALCIUM CHLORIDE IN THE TREATMENT OF TUBERCULOSIS.

By Thomas J. Beasley, M. D., Indianapolis.

I gave my method of the intravenous use of calcium chloride in the treatment of tuberculosis in *The Indianapolis Medical Journal* January, 1915; May, 1916; December, 1916; April, 1917, and in the *New York Medical Journal* July, 1917. I gave in each article my results up to the time of its publication, together with the details of case reports to illustrate the same.

I have read with much pleasure an article in the *Journal of the American Medical Association* by Dr. Morris Fishburg of New York, in issue June 28, 1919. He finds that the intravenous use of calcium chloride gives a marked benefit in the treatment of intestinal tuberculosis, often relieving the pain and diarrhea after from one to three injections.

In my work I have obtained the best results in glandular and pulmonary tuberculosis and so far as I know I was the pioneer in the field, but it is true that in the character of cases in which Dr. Fishburg has obtained good results I have been of the opinion that remedial measures in such patients would not give favorable results. In fact, I was impressed with the idea that such cases were almost beyond hope. His observation shows me that calcium chloride even has rescued those who have heretofore been regarded as hopeless. Although there has been a uselessness in all other agents, yet Dr. Fishburg gets favorable results by using calcium chloride, which, it seems to me, heralds this agent as one of the most important in the domain of *materia medica*.

I desire to say that in quite a few

cases of pulmonary hemorrhage, when all agents recommended had failed to stop the hemorrhage, prompt relief was given by the intravenous use of calcium chloride. In one case that I recall the clotting time of the blood was 32 minutes and hemorrhages had persisted for eight days. After five injections of calcium chloride of 20 cc. of a 5 per cent solution the clotting time was seven minutes. No hemorrhage occurred after the first injection. I have seen no cases of glandular tuberculosis that did not clear up when treated by this method. Many of these cases had suppurating abscesses and were of a year or more duration. The improvement of the tuberculous state had been accompanied by a gain in weight and a return to the condition of well-being.

I conclude that the intravenous use of calcium chloride is of distinct benefit in glandular and pulmonary tuberculosis. Basing my judgment upon the reports of Drs. Fishburg and Saxtorph, together with my own experience, I am satisfied that calcium chloride is of the most remarkable benefit in early intestinal tuberculosis.

In the presence of pulmonary hemorrhage with a prolonged coagulation time no other agent has given the same benefit.

I am glad to make this further report of my own work and especially to call attention to the observation of Dr. Fishburg because it will give the greatest encouragement to physicians who are called to treat such cases and it is a boon to those who have been so unfortunate as to be afflicted with the disease.

SERIES OF BEDSIDE CLINICS AT INDIANAPOLIS CITY HOSPITAL UNDER  
SERVICE OF DR. S. E. EARP, CLINICIAN IN MEDICINE.

Rheumatic Fever, Syphilitic Type.

Reported by Louis F. Reifels, M. D., and John F. Rigg, M. D.

A. S. Age, 24; white, female; admitted March 22, 1919.

Family History—Mother died of tuberculosis at the age of 31. Father died at the age of 47. Was in ill-health for fourteen years. Death probably due to heart trouble. Patient has one half-brother, who is in good health. Also has three other half-brothers that she knows nothing of.

Past Personal History—Patient had whooping cough at the age of 18 and mumps when 14 years old. Both followed with good recovery. Six years ago patient had inflammation of the urinary bladder; lasted six weeks; was treated and recovered with no recurrences since that time. Patient says she never has had tonsillitis and says she does not take cold easily. Seven years ago was infected with syphilis. Took a year's treatment at the City Dispensary. One and a half years after date of infection; has had mercury injections and one Salvarsan; never has taken any treatment since. For several weeks after infection patient had a vaginal discharge; denies any knowledge of gonorrheal infection. In February of last year patient had an acute rhinitis which lasted five weeks. Was treated locally and condition cleared up, but left a partially occluded left nasal passage and septum deflected to the left. Patient says that now at times the nose gets sore. At time of treatment for nasal condition physician told patient that the condition was due to inflammation of the bone, which suggests the possibility of a gumma.

Patient was married at age of 15; had one miscarriage, two and a half months. At age of 16. Patient can not attribute any cause of the abortion and says she did not induce it herself and she did not have any acute sickness at that time. Patient insists that her syphilitic infection occurred a year later. Patient is

now divorced and occupation before coming to hospital was a clerk.

Present Illness—Began two weeks ago. Had to be taken home from work and couldn't get up. Came to hospital last Saturday. Started as severe rheumatic pains in the right shoulder, followed by pains in left knee, then to left ankle and toes. By this time the right shoulder had entirely cleared up, then the left shoulder became involved, followed by the left wrist and hand. At the present time, the left shoulder, right shoulder, left hand and left ankle are involved. The joints never swelled nor got red except the left ankle and left hand, which are swollen slightly.

Physical Examination—Throat normal, mouth clean and teeth in good condition; pupils somewhat dilated, but react to light and accommodation; no disturbance in vision or hearing; nasal septum deflected to the left. No palpable lymph glands over the body. Lungs, negative; heart, normal in rhythm and tone, no murmurs; abdomen, negative; genitals, negative; rectum, negative; extremities, left ankle and left hand are swollen; none of the other involved joints present any swelling or redness; can not raise arms above head because of pain on movement. Reflexes, negative; Wassermann, positive.

Admission to Hospital—Temp., 100.7; pulse, 95; respiration, 20; uneventful course up to present time; highest temperature recorded, 101 deg. Temp., 99; pulse, 80; respiration, 20.

Diagnosis: Acute rheumatic fever of syphilitic type.

Treatment:

|   |                           |         |
|---|---------------------------|---------|
| R | Sodii salicylas           | grs. xv |
|   | Potass. iodidi            | grs. v  |
|   | Syrup aurauti             | 5 i     |
|   | 6, 9, 12, 3, 6, 9, daily. |         |

Antisyphilitic treatment not instituted

up to present time. Injections of Salvarsan have been ordered.

Cathartic (c. c. pill) every three days. Broncho-Pneumonia Following Influenza.

R. P.: Female, white; age, 35; housewife.

The patient came to the hospital March 23, 1919, at 11:30 a. m., in a comatosed condition. It was impossible to obtain a history from her, as she could not answer questions. On the 24th she still was in this comatosed condition and no history was obtainable from her. The history given below was taken by Dr. Salarin from the patient's relatives:

Complaint—Became sick two weeks before entering hospital, which was later diagnosed as influenza.

Family History—Mother and father dead; cause unknown. Patient was the only child. Husband living; no children.

Past History—Dragged her right leg for past seven months; complaint of female trouble for past year.

Present Illness—Became sick about two weeks ago with headache, fever and chills. Dr. Gayer saw her March 16th and diagnosed her condition as influenza.

Physical Examination—The patient is a white woman 42 years old and weighing about 160 pounds.

Head—Face of about normal color. Dry ulcerous condition of entire lower lip at the junction of the mucous membrane with skin. The breath is foul, tongue coated, teeth show pyorrhea. Pupils react sluggishly to light and accommodation. The right eye shows a conjunctivitis with a seropurulent discharge.

Chest—Inspection: No difference between expansion of two sides. Respiration is labored; rapid (32 per min.) and without an expiratory grunt. There was a suprasternal pulsation. Dry, unproductive cough.

Lungs—Percussion: Marked dullness in base of right lung; slight dullness in base of left lung.

Auscultation—Crepitant rales heard in bases of both lungs. The inspiration is much roughened along axillary border of right lung. Reduced breath sounds in right base. Bronchial breathing heard

over remainder of chest. Heart beat was forceful and irregular, but no murmurs.

Abdomen—Slightly rigid and tender to touch, especially on right side. The temperature run along about 98.6, not going about 99 until a short time before death.

The pulse ranged from 120 (upon entrance) to 90; a short time before death it was 155.

Respiration run along about 32. Death on March 25, 1919, at 11:25 a. m.

Diagnosis—Pneumonia following influenza.

Treatment given is as follows, March 23, 1919:

Tr. digitalis, M xv, hypo.

Sulph strychnine, gr. 1-30, hypo.

10:00 Sodii salicylatis, gr. xxx

Sulph quinine, gr. x, per rectum

8:00 S. S. enema

8:30 Colon flushing

March 24, 1919:

Sodii salicylatis, gr xxx

Sulph. quinine, gr. x

Tr. digitalis, gtt. xv

Nux vomica, gtt. x }

Syrup scillae, 3 i } 3 times a day

Syrup auranti, 3 i }

March 25, 1919, 12:30 p. m:

Morphine, gr.  $\frac{1}{4}$

11:25 a. m. Died.

Acute Endocarditis.

Reported by Harrison C Ragsdale, M. D. and William C. Reed, M. D.

W. C., male, white; age, 41. Admitted to hospital May 1, 1919.

Complaint—Sensation of thumping of heart; swollen limbs, shortness of breath on exertion; smothers and "chokes down."

Family History.—Father and mother living and in good health. Nine brothers living and well. Six sisters; two died in infancy; others living and well.

Past History.—Measles at 7 years; no other diseases of childhood or later life. Says he has always been well and strong and has never known a sick day. Denies any venereal infection. Has been employed as a moulder in a foundry. Says the heat from working over the molten iron caused one eye to be weak. Smokes pipe and cigarettes in modera-



tion. Formerly drank beer, about four or five glasses a day. Used very little whiskey, not over one pint every two weeks in cold weather. Has never been married.

**Present Illness**—March 18, 1918. Had been in the army eight months. During a double time drill became smothered, became weak and fell to his knees. Had never had any other sensation of like character in his life. Had dyspnea; was removed to the hospital, where his legs and ankles became swollen. Was treated in army hospital until symptoms subsided and was discharged on April 26, 1918. Came to Indianapolis and worked in a drug store for two months. Was on his feet a good deal and he soon developed his same line of symptoms and was forced to stop work. Applied for admission to City Hospital in a condition of edema of extremities, precordial pain and dyspnea on least exertion.

**Examination**—At the time of examination all edema had disappeared and the only sign was a fast heart. He became excited during the history taking and his pulse became so rapid it was almost impossible to count it. Later on it became slower and more steady. Heart normal in size. There is a systolic blow in the mitral area, which has a two and fro character, giving the suggestion of endocarditis, at times irregular, some dilation.

**Treatment**—Patient has had several courses of digitalis, which have controlled the symptoms very well. All edema has disappeared and the heart rate, when patient is resting and quiet, is not excessive. Patient is rather difficult to manage. Insists on sitting up, having company, talking, getting out of bed, smoking, etc. The treatment in the main was rest in bed, light diet, free use of laxatives (Dorsey's magnesia solution), sparteine sulphate and tincture of digitalis. Patient recovered.

#### Chronic Purulent Bronchitis.

A. C. White, female; age, 75; married.

**Complaint**—Got sick in bed about eight days ago with cough and vomiting and came to hospital March 17, 1919.

**Family History**—Husband died at 58 years of heart disease. One son living; age, 53 years; one dead, the oldest, from fall from barn, which caused fracture of left leg above knee; died at age of 48 from tuberculosis of hip.

**Past History**—Usual diseases of childhood. Scarletina and typhoid fever before marriage. Says "she has had heart disease for many years. Deaf in both ears since attack of scarlatina.

**Present Sickness**—Has been feeling badly for past four weeks. Became acutely sick eight days ago with violent cough and vomiting. There is a productive expectoration, large quantities, green and muco-purulent sputum and especially are paroxysms of coughing noticed on taking food. Bowels not constipated.

**Physical Examination**—Patient fairly well preserved woman, apparently 75 years old. Skin dry and wrinkled; some loss of flesh. Eyes react to light and accommodation, pupils equal, moderately contracted. Ears, deafness. Teeth, three upper, five lower; marked pyorrhea; breath fetid and gums tender. Neck, no palpable glands, no rigidity, thyroid not enlarged, no abnormal pulsation. Throat, negative. Chest, emphysematous, diminished expansion, less on right side. Tactile fremitus increased on left side posteriorly. Slight dullness on left side posteriorly. Auscultation. Tubular breathing throughout chest. Few fine crackling rales left posterior surface corresponding to lower lobe. Some coarse mucous rales. Rales cleared after coughing, at which time there is profuse expectoration of a muco-purulent type. Heart, regular, slow, poor tension; no murmurs; valves open and close with clear tone. Pulse compressible; in the main 65, but after coughing 98. Less evidence of arterio-sclerosis than usual at 75 years of age, and with a bronchitis of many years. At this juncture of clinic patient suggested, "I have had a bronchitis for twenty-five years; worse in winter, at times better, but always a cough. I think this attack followed the grip which I had some weeks ago." This is probably true. Somewhat strange that

there was not an attack of pneumonia and yet we must bear in mind that many cases of senile pneumonia are diagnosed at the autopsy only. Furthermore, broncho-pneumonia in the aged may simulate bronchitis, but it is very often fatal and there is much depression. If the area is large there is pronounced dyspnea. The cardio-vascular system in this woman is unusually good and there is no evidence of atheroma or calcareous deposits in the vessel coats so far as we have been able to determine. Abdomen, flabby; arms, negative; some few varicose veins below both knees; ankles edematous. Urine and blood examination of no import.

**Treatment**—Elix terpin hydrate and heroin to relieve cough. Inhalations of steam from bowl of hot water containing one drachm of compound tincture of benzoin and five grains of menthol. Solution of sodium bromide, sodium iodide and tincture of lobelia given at four-hour intervals. Two grains of sulphate of quinine and one-thirtieth grain of strychnine four times a day. Bowels kept open by Dorsey's magnesia solution, one ounce two or three times a day. This was given in half a tumblerful of water.

Good, wholesome, digestible diet, which included eggnog, and Tom and Jerry; the latter was sipped or rather given in dessertspoonful doses. This gives better results than the usual method of imposing on the stomach by gulping liquids. The toilet of the mouth was cared for three times a day by use of tooth brush and dilute liquor antisepticus alkalinus. This is known at the hospital dispensary as boro-thymol, but it, during the past twenty years of evolution, has reached the formula of the first named solution. A solution of tincture of myrrh and boric acid is sometimes used. In old persons the uterus and bladder give annoyance very often, but not in this case.

At the end of thirty days the patient left the hospital with some gain in flesh, more vigorous, very little cough and with little expectorations at times only, and then merely mucus.

She was advised to take for a month after returning home a tablet four times

a day of Bland's mass and strychnine compound. The follow-up treatment in such a case is of the greatest importance and for this reason the social service department should supervise the case to see that conditions at home are followed. This case emphasizes the fact that there is always an opportunity to rescue a patient, though old, and the subject of geriatrics should always be in evidence.

#### Interstitial Pneumonitis Following Influenza Vera.

Reported by Jesse Peters, M. D.

B. H. Colored, female; aged, 39; married. Admitted March 26, 1919.

**Complaint**—Pain in the head and "sick all over." Constipation.

**Family History**—Father died of smallpox. Mother died after a strain from lifting. Three sisters living and well. No history of tuberculosis, insanity or malignancy.

**Past Personal**—Born in Kentucky 39 years ago. Lived in Indianapolis since a child. Had smallpox, but no other diseases of childhood. Had tonsillitis three years ago.

**Menstrual History**—Began at 15 years of age, regular 28-day type, lasting four to five days. Never painful and moderate in amount.

**Married History**—Married 20 years ago. Two children, normal delivery. One dead of pneumonia at three months, other living and well. No miscarriages.

**Present Illness**—Began three weeks ago with pain in the head, which continued to grow worse. Vomiting and constipation. Never any cough or sputum.

**Physical Examination**—Eyes, ears and nose normal. Teeth exceedingly bad, pus exudes on pressure. Tongue furred with brownish coat. Throat slightly inflamed, tonsils enlarged. No palpable glands in the neck. No rigidity of the neck.

**Heart**—Forcible, regular and no murmurs. **Chest**—Respiratory excursions on left greater than on the right. Diminished vesicular breathing on the right both Anterior and Posterior. Vocal fremitus increased on right. Mucous rales right and left. Posterior lower,

more marked on right. Marked dullness on the right throughout. Dullness on the left base posteriorly.

Abdomen—Spastic colon and a dilated cecum. Otherwise negative.

Pelvis—Negative. Extremities—Negative.

**DIAGNOSIS**—In view of the fact that the sputum has been so scanty and no history of a marked cough, with the chest findings of such a short period, I think the condition could be called an interstitial pneumonitis following influenza.

**Treatment:**

|                     |         |
|---------------------|---------|
| Castor oil          | 1½ oz.  |
| Sod. Salicylate     | grs. 30 |
| Sod. Bicarbonate    | grs. 15 |
| Sod. Bromide        | grs. 30 |
| Ammonium Salicylate | grs. 5  |
| Sulph. Cichonae     | grs. 2  |
| Digitalis           | min. 10 |
| (each four hours.)  |         |

Dorsey's mag. sol. for bowels.

Elix Terpin Hyd & Heroin, drachm, one each three hours.

Limited soft diet and ice cap to head.

Patient recovered in two weeks.

**Broncho-Pneumonia Following Influenza.**

M. T., age 9. Colored. Female. Admitted March 12, 1919.

**Complaint**—Mother died of influenza a week ago. Whereabouts of the father is unknown. Three sisters living and well. One died of influenza about two weeks ago.

**Past Personal History**—Unobtainable. Child 9 years old.

**Present Illness**—Began about March 5, 1919, with headaches and pain throughout the body. Admitted at hospital March 12, 1919.

**Physical Examination**—Eyes, nose and ears negative. Teeth in a bad condition, tongue furred with a brownish coat. Tonsils enlarged. No palpable glands in the neck. Sub-crepitant and mucous rales over both lungs, dyspnea, rapid pulse, temperature 101 deg., productive cough. Heart—Negative. Lungs—Breath sounds diminished on the left. Slight dullness on the percussion in areas. Abdomen—Negative. Extremities—Negative.

**Diagnosis** — Broncho-pneumonia, following influenza.

**Treatment:**

Ammonium salicylate, 3grs. each two hours; sulph. quinine, 2 grs. each two hours; tinct. digitalis, min. 10 each four hours; pill cathartic improved; camphorated oil to the chest.

Small doses of tincture of belladonna and strychnia sulphate at four-hour intervals. Wholesome soft diet. Patient returned home in three weeks.

**Influenza With Cerebral Symptoms and Possibly Lues.**

E. V., age 18. Colored. Admitted March 27, 1919. Married female.

**Complaint**—Sore mouth and pains in the sides, which is exaggerated when a deep breath is taken.

**Family History**—Father living and well. The condition of the mother is not known. Five brothers and one sister all living and well.

**Past Personal History**—Was born in Kentucky in 1900, but has lived in Indiana since a child. Has had whooping cough, measles, scarlet fever, smallpox, diphtheria and "typhoid-malaria" fever. Has had a dry, hacking cough practically all of her life. There is no history of any venereal disease.

**Menstrual History**—Menstruation began at the age of 15, regular, non-painful 28-day type, lasting 4-5 days, moderate amount.

**Married History**—Married two years ago; husband in the army for the past year. Never pregnant.

**Present Illness**—Present illness began March 12, 1919, with pain in both sides, which was exaggerated on deep inspiration, and pain in the back of the neck. Sore mouth first noticed March 18, 1919.

**Physical Examination**—Patient answers questions with apparent intelligence, but seems to be under the impression that the medication is poisoning her. Ran away from the hospital March 17, 1919, attired in hospital gown and a blanket. Says a pill cut out a piece of intestine. Says that her pulse does not beat.

**Head**—Eyes, ears and nose normal. Teeth exceedingly bad; pus exudes from gums on pressure. Mouth exceedingly sore, white mucous patches about 5 mm. in diameter on the buccal surface of cheeks, surrounded by an areola of hyperemia. Tongue furred with a brownish coat. Throat hyperemic, tonsils enlarged. Left tonsil palpable externally. Submaxillary glands slightly enlarged.

**Neck**—No rigidity. Carotid glands on the left are slightly enlarged.

**Chest**—Negative, as to lung findings. Heart very irregular; soft blowing murmur replaces the entire first sound. Heart sounds seem rather distant. Pulse, rapid (104), full, but easily compressible. Respiration, normal (24).

**Abdomen**—Slightly tender to pressure. Spastic colon.

**Extremities**—Negative.

**Reflexes**—Patellar slightly diminished. Babinski negative.

**Diagnosis**—Influenza, with cerebral symptoms, was most marked. Possibly Lues (Wassermann was not taken).

**Treatment**: Aromatic cascara for bowels. Acetyl-salicylic acid, 5 grains each four hours. Podophyllin, small doses; strychnia sulphate and digitalis when heart was irregular or weak. Later quinia and powdered extract of nuc. vom. were given. On account of the mercury in compound cathartic pill, U. S. P., it was given at a later period instead of the cascara. Later still, iodide of potassium. There was an apparent recovery, but on account of the suspicion of syphilis the patient was transferred to department for venereal diseases for further study.

#### ADVANTAGE OF CONFERENCES OF PHYSICIANS, PHARMACISTS AND DENTISTS, WITH A REVIEW OF SOME FORMULAS.

By Leo Dorn, Ph. D., Indianapolis.

Frequent conferences between physicians, pharmacists and dentists would be of great advantage. The exchange of experience in materia medica and therapeutics, pharmacy and dental therapeutics would no doubt be a source of information to all concerned. The discussion of the combination in prescriptions would bring about the non-use of the great number of incompatibles which are now shown on the prescription file of almost every druggist. Much might be said about the newer agents with which a pharmacist must become familiar, and the physician might not memorize the facts concerning them unless he desires to use them at the time, and perhaps he may have no ready means of reference, certain things about vaccines, and particularly those which a large sale shows to be successful. It is not expected that a pharmacist would instruct a physician in some of these things, and yet he is in a position to obtain this information. A discussion on prescription writing would benefit both

physician and pharmacist. Both have much to learn, and I have no doubt there would be a willingness on the part of each one. As pharmacists, there is much help needed, and it can come from the physician only. The pharmacist can take from his file combinations that show that certain drugs did not combine and a few where a chemical change has taken place. It would be of mutual benefit. Some years ago the Indianapolis Medical Society arranged that there be combined meetings between physicians, pharmacists and dentists, but it was soon lost sight of. At one of the meetings there was a symposium, in which Messrs. Francis, Zimmer, Carter and Dr. Earp took part. The discussion was of great benefit, and it was so important an innovation that the papers were referred to the State Medical Society. It was the one held under the trees at French Lick, where the main address was delivered by Dr. James M. Anders of Philadelphia, who is a teacher and author. I remember he discussed the doctors' and drug-

gists' papers and paid a well-deserved compliment. I can readily see how the question of dental therapeutics would be of the greatest value. Perhaps there is a greater opportunity for the physician and dentist to get together concerning pathology and treatment, but the pharmacist would not only have an interest, but he might give some information relative to chemistry and the use and standardization of drugs.

Again, there are many combinations about which we might refresh our memory, perhaps none so commonplace as a grain of calomel in the compound cathartic pill and a grain of opium in Dovers powder, and yet hardly a day passes that I am not asked about these very things. I wonder if physicians know that many druggists think that a prescription for the compound cathartic pill means the calomel pill and not the improved compound cathartic pill. Of course, it is right. Such a point as I have tried to make may be considered puerile; it is true, however, that this question comes up almost every day. Furthermore, at such conference as I have suggested the alcohol and narcotic laws might be reviewed and thus prevent trouble, sometimes caused by a lack of familiarity with these subjects. Every day or so I am asked about certain set formulas, some of which are used universally, and others, in the larger cities only. I often seek this information myself. There are formulas that are used at the large hospitals, and both druggist and doctor should know them, but it is not always the case. Every large drug store sends out information by phone frequently concerning the products of some pharmaceutical house, and very often about ingredients that a set formula contains. We do not realize that there are hundreds of them, and the principal ones the doctor should know and the druggist must know them. Quizzes on such subjects would be like a post-graduate school. As a matter in point to bear out some of the things I have said, I will review a few of the formulas, many of which are in common

use in any city of 100,000 population.

**Burow's Solution:** Lead acetate, 25 parts, and alum, 5 parts, dissolved in 500 parts of water. Used locally for ulcers, eczema and erysipelas.

**Harrington's Solution:** (Charles Harrington, Boston physician, 1856-1908.) Corrosive sublimate 0.8, hydrochloric acid 60, water 300, commercial alcohol 640. Used for hand sterilization and as a wash for infected wounds and abscess cavities.

**Boulton's Solution:** (Liquor iodi carbolatus.) A mixture of compound solution of iodine, 110 mins.; carbolic acid, liquefied, 40 mins.; glycerine,  $2\frac{1}{2}$  fld. ozs. Water enough to make 16 fld. ozs. Antiseptic and irritant.

**Clemens' Solution:** Lq. potassii arsenatis et bromidi. Used in diabetes.

**Dobell's Solution:** An alkaline antiseptic fluid often used as gargle or spray. Lq. sodii boratis compositus, N. F. It contains carbolic acid, 3 gm.; sodium borate and sodium bicarbonate, of each 15 gm.; glycerine, 35 c.c., and water to make 1000 c.c.

**Majendies' Solution:** A solution of morphia sulphate known as lq. morphiae hypodermicus; 16 grains in 1 fld. oz. of warm distilled water. For hypodermic injection.

**Thompson's Solution:** Lq. picis alalinus, a solution of 1 part of potassium hydroxide and 2 parts of tar in 5 parts of water.

**Thompson's Salve:** A mixture of 2 oz. of yellow wax, 2 oz. fresh butter, 4 oz. turpentine and 2 oz. balsam of fir.

**Lugol's Solution:** Lq. iodi compositus.

**Lugol's Caustic:** One part each of iodine and potassium iodide in two parts of water.

**Fowler's Solution:** Lq. potassii arsenitis.

**Donovan's Solution:** Lq. arseni et hydrargyri iodidi.

**Pearson's Solution:** Lq. sodii arsenatis, a solution of sodium arsenate, one-tenth the strength of the official liquor sodi arsenatis.

**Monse's Solution:** Lq. ferri subsulphatis.

Gabbet's Solution: Lq. alumini acetatis.

Also there is a Gabbet's solution which is a decolorizer and contrast stain for tubercle bacilli, comprised of methylene blue, 2 gm.; sulphuric acid, 25 c.c., and water, 75 c.c.

There is also the carbol-fuchsin solution, which is a histological staining fluid made by dissolving 1 part of fuchsin in 10 parts of alcohol and adding 90 parts of a 50 per cent aqueous solution of carbolic acid.

### THERAPY OF EARLY INDIANAPOLIS.

By Winfield Scott Lynn, Ph. G., Indianapolis.

Since it has been my good fortune to have been engaged in the drug business in Indianapolis since August 25, 1862, I have known the giants in medicine, and many that could be classed as the "unknowns," "never wills" and "has beens."

Indianapolis has always been well represented by the genuine men of the medical profession. Like Roosevelt, men who knew how to do and did it.

Doctors as city officials always did their work well, and also as members of the legislature and senate. Many have been inventors, research workers, authors, and some became rich by real estate deals. A few made money outside of the profession, and yet but very few were given wealth by marriage. Most all have been successful, and Indianapolis has always been blessed with good doctors. The college teachers have been men of high grade and there have been those not teachers who became eminent in the profession.

I have known local doctors who held positions of honor with credit to their constituents and themselves. The American Medical Association called on Indiana for men to fill the offices from trustee to president. The charity work done by the Indianapolis doctors has been most creditable. They have never flinched from duty in dispensary or hospital. I know that a doctor friend has been on the City Hospital staff for many years, and at \$2.00 per call, if he had been paid, would have amounted to \$450,000. Yet he gave his brain and time freely without pay, and there are others.

I have taken from my note book some of the formulas that came to me as a

druggist. Some were popular and yet perhaps not scientific. Some of the names will be recognized by the older members of the profession and of interest to others.

#### Dr. Bullard's Neuralgia Mixture—

|               |       |
|---------------|-------|
| Valer. Ammon. | 3i    |
| Lemon syrup   | 3ii   |
| Tr. aconite   | 3i    |
| Morph. sulph. | gr ii |

M. S. one teaspoonful 3 to 5 times a day.

#### Dr. Frisby Newcomer's Improved Dovers.

##### Powder—

|                |          |
|----------------|----------|
| Morph. sulph.  | 3i       |
| Pulv. ipecac   | 3i       |
| Sac. lac.      | 3ix      |
| Oil gaultheria | gtts xii |

##### M. S.

#### Dr. T. B. Harvey. Elix. Chloroform—

|                      |          |
|----------------------|----------|
| Tr. opif.            |          |
| Tr. camphor.         |          |
| Chloroform.          |          |
| Ammon. aromat. spts. | aa 3iss  |
| Alcohol              | 3ii      |
| Creosote             | gtt xxiv |

M. S. one-half to teaspoonful.

#### Dr. Sims Tarkington, an uncle of Booth Tarkington. 1872—

##### Cough syrup—

|                             |     |
|-----------------------------|-----|
| Syr. Squills' comp.         |     |
| Syr. pruni virg.            |     |
| Camp. tr. opif.             |     |
| Aromat. spt. ammon. of each | 3i  |
| Tr. cayenne pepper          | 3ii |

M. S. One teaspoonful each 2 hours.

Perhaps Smith's injection for gonorrhea is the strange one. All of the others mentioned are in the main practical, and

are in some form used today, but this injection is a rara avis, yet in 1860 to 1870 I put up many dozen bottles of it:

Quinine sulph. gr. x  
Elix. vitriol q. s. to cut quinine  
Camph. water 3ii  
Syr. iodide of iron gtt x

M. S. Local injection.

Foot's Cholera Remedy—

Many years ago this was put up by the gallon by Browning & Sloan and was a staple product:

Tinct. opii.  
Tinct. camph.  
Oil ment. pip.  
Hoffman's anodyne of each one pint.  
Tinct. ginger, one-half pint.  
Tr. capsicum.  
Tr. catechu, of each 4 ounces.

M. S. Dose, teaspoonful.

This gives evidence of polypharmacy, the so-called shotgun formula. I put up many hundreds of gallons of this preparation from 1865 to 1875.

Dr. Yourat's Itch Ointment—

Flower's sulphur 5vi  
Tinct. sulph. 5iiss  
Powd. white Hellebore 5iss  
Soft soap 5xviii  
Lard 2 lbs.

M. S. Local use.

R. N. Todd's Diarrhea Mixture—

Neut. cordial 5i  
Tr. Jamaica ginger 3iii  
Ess. pepsine 3iil  
McMunn's elix. 3iii  
Chloroform 3i  
Simp. syr. qs. ad. 5lv

M. S. Dose, one teaspoonful.

Dr. Henry Jameson. Eczema Wash—

Boric acid 5ss  
Hydrate chloral 5ii  
Aqua Calcis 5viii  
Black wash qs. to make 5xvi

Dr. Parry of Parry & Wright, 1845. Cough Lozenge—

Pulv. ipecac gr. L  
Morph. sulph. gr. xvi  
Kermes mineral 3iss  
Milk sugar 3iii

Powd. acacia 3iii

Powd. ext. licorice 3iii

Peppermint water and syr. to make mass. Make 256 lozenges.

Morrison's Aqua Tonic—

A banker by the name of Morrison got a formula from his doctor and freely gave it to his friends.

Powd. cinchona.  
Cream of tartar of each 2 oz  
Sulphate quinia 25 grs  
Powd. cloves 1 oz  
Ferricyanide of iron 100 grs  
Whisky 2 pints

M. S. Winegalssful 3 times a day.

Original Sun Cholera Mixture—

Tinct. rhubarb.  
Tinct. opium.  
Tinct. camphor.  
Ess. pepsine of each 5i

M. S. Dose, 20 to 50 drops.

Douglass Cough Mixture—

Syr. squills 5iss  
Syr. lemon 5i  
Elix. opii 5ss  
Syr. ipecac 5ss

M. S. One teaspoonful 2 to 6 hours.

Written by Dr. Douglass of Indianapolis, 1845.

Thompsonian Composition Powder—

This, it seemed to me, was given when the diagnosis was obscure or made by the druggist or sick person. Some had "cold on the chest," "bad feeling all over," "tired feeling," etc. This was in 1862.

Bayberry.  
Ginger.  
Hemlock of each 4 lbs  
Golden Seal 2 lbs  
Capsicum and cloves, of each 72 lbs

Given in powder to fill a teaspoon, then put in sweetened water. Some one said that this should be given until the patient got well or died.

Dr. Owen's Universal Linament (North Indianapolis)—

10 oz. oil organum.  
20 oz. aqua ammon.  
Alcohol to make 2 gallons.

M.

This was known as a "cure-all" for all rheumatic pains, etc.

Dr. Bullard's "check pills." Diarrhea. Indianapolis, 1849.

|                |        |
|----------------|--------|
| Pulv. opii     | gr. v  |
| Pulv. capsicum | gr. x  |
| Pulv. camphor  | gr. i  |
| Pulv. kino     | gr. ii |
| Blue mass      | gr. ss |

M. Ft. pill No. XX.

S. One pill 2 or 3 times a day.

Iodized Hydrate Chloral-Phenol for Tampons. Dr. Funkhouser, 1870—

|                         |     |
|-------------------------|-----|
| Hydrate chloral.        |     |
| Iodine of each          | 3ss |
| Phenol crystals of each | 3i  |

R. N. Todd's Pills—

|               |        |
|---------------|--------|
| Ferri sulph.  | gr. ii |
| Quinia sulph. | gr. i  |
| Pulv. aloes   | gr. i  |
| Gum myrrh     | gr. i  |
| Ext. quassia  | gr. i  |

M. Ft. Pill i.

S. One 3 times a day.

#### A HOME FOR EVERY HOMELESS CHILD

"A Home for Every Homeless Child" is the slogan for the various social agencies in Indiana which are making an effort to protect and conserve the childhood of the state. "A Home for Every Homeless Child" is the crying need of the children who, because of neglect, have become dependent and have been denied some of their natural birthrights.

There are being maintained in the orphans' homes of the state about 1,900 children for whom good family homes are desired. We believe that for every homeless child that is physically and mentally normal there is some good home ready and able to receive it and give to it the love, care and training of which it has been deprived through no fault of its own. Many of them are of the impressionable age—between 5 and 12 years old. They want homes. They want kind, sympathetic, patient foster fathers and mothers who will help them to grow into useful citizenship. The citizens of our state and the public officials

can render a most useful service by helping secure homes for these unfortunate children.

Figures in the office of the Board of State Charities show that many thousand children have had advantage of foster homes in past years. About 3,200 of them are in family homes at the present time under supervision, while many others have been legally adopted. These children are having restored to them their right to normal life and training and in return are bringing happiness to many foster parents.

The 1,900 children in orphans' homes are longing for a like opportunity. Will you help them? Will you take some boy or girl into your home and find other families who will take them? If you want to render a useful service to the children and to the state, communicate with the board of children's guardians in your county, the orphans' homes or the Board of State Charities, Room 93 State House, Indianapolis, for desired information.

#### GIRL OF TWELVE IS SIX FEET TALL

Johns Hopkins physicians believe she will be a giantess. A girl, who has been growing for the last three years at a phenomenal rate and is now more than six feet tall, although she is only twelve years old, is interesting the physicians of Johns Hopkins Hospital, who expect to see her become a giantess, without loss of normal mental powers.

For the last three years the girl's growth has been phenomenal, surpassing all records at the hospital and cases known to the scientists there who are studying giantism. Until she was nine years old she was simply a large girl. She now weighs 117½ pounds and is above the average in intellect.

Dr William Thayer and Dr. Lewellys Barker, professors of clinical medicine, have made a study of the case. The girl's mother is stout and her father is larger than most men, but is not a giant.—N. Y. Times.



# INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

## EDITORIAL

**SAMUEL E. BARP, M. S., M. D., Editor-in-Chief.**

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### PREVENTION OF THE PERVERSION OF JUSTICE BY HAMPERED EX- PERT MEDICAL TESTIMONY.

The fact that alleged expert testimony often shows a vast difference of opinion, in which one doctor swears East and the other swears West, is often a cause of defeat of justice. The people fail to understand why there is such a diversity of opinion if the doctors have had the same amount of experience and training, and, too, possesses the same amount of intelligence. In an alleged case of insanity, in which the principal has committed a crime, if the facts are fairly and squarely set forth, is there a good reason for opposite opinions? If in case two groups of alienists swear in opposite directions it is sufficient to conclude that every man has a right to his own opinion. Shall we question the motive of the witness? In consultation at the bedside we do not, as a rule, see the queer things that we do in court. It is safe to say that at the bedside pronounced adverse opinions are not so frequent. "Brain-storm" and other coined terms are often a "misfit" and are unscientific, and the people recognize it. Think of the tiresomeness of the Thaw case, and we still have remnants of it. The conduct of the young man at a later

period gave evidence that it was not safe for him to be at large. Money gave him the chance. Even though we grant that honesty prevailed at the trial, money offered every opportunity for him. However, the testimony was just a little muddled and obscure. Would a poor boy have had the same chance? In an Indiana town a woman who had given birth to a child a short time previously was found in a well. She accused a young man of throwing her in the well. To us the evidence seemed shallow. It is true that puerperal insanity sometimes might cause a woman to jump in a well. She might not be bedfast and evidence of puerperal insanity might manifest itself many weeks after the birth of a child. The accused was a rounder, a worthless character, a loafer in every sense of the word, and it was the prevalent opinion that the town would be better off without the accused. This is probably true. The boy was convicted. But in balancing the scales of justice, were the same efforts used as in the case of Thaw?

However, the kind of testimony given by the insanity expert, strange as it may seem, in some cases, is not always the fault of the witness. The expert is not allowed to give his story uninterrupted, and the hypothetical question is a farce

and as a rule is likely to defeat justice; for instance, a question that consumes one-half to two hours in reading, by an attorney. It contains paragraphs that need a qualified answer and some may be answered by yes or no, but a demand is generally made that it in toto shall be answered yes or no. Very rarely does such an answer represent the doctor's views; on the contrary, he is placed in a false position and the jurors are misled. It is not unusual for an attorney to rebuke a doctor because his answer was qualified, and again an honest doctor, with an unusual degree of intelligence, is made to appear like one of Dean Swift's Lilliputians to the jury. Then with an air of braggadocio some one says: We broke the testimony of that doctor by confusing him. If a doctor takes a firm position concerning a question those representing the negative side seem to believe that it is necessary to break the testimony in order to win the case. Grant that such maneuvers are admissible with the ordinary witness, but the position of the doctor is different. The alienist comes to the witness stand with no personal interest in the case, and it should be, for this is one of the reasons why he is selected as an expert. He has no prejudice and gives his testimony, which is an opinion formed by the scientific knowledge he possesses and his observation in like cases. It should stand for what it is worth. But this is not usually the case. Only too often an effort to change the facts is made by those representing the side of the case that feel as if the facts shown in the testimony are unfavorable to this particular side. It is for some, if not all, of these reasons that much of the expert testimony is a farce so far as it is a factor in the cause of justice.

We referred to the alleged case of puerperal insanity. W. H. Blodgett of the News went into the merits of the case. His keenness and shrewdness, together with his thirty years' experience in newspaper work, makes his opinion of value, and he said, except public sentiment, the evidence for conviction was

shallow indeed, but the man was convicted.

A woman in Indianapolis killed her child, and the jurors were led to believe that the act was done during an insane moment. She is now serving a six months' sentence in some institution, for it was the best under the circumstances that Judge James Collins could do. Ye gods, will the operation of this "made to fit" insanity ever cease?

I can see some plausible reason why an untoward act by a sick man may show an irresponsibility. For instance, the New boy, who was born in Indianapolis and later moved to California, and killed, it is alleged, a woman, is tuberculous, it is said. Tuberculous blood feeds a brain and there may be room for expert testimony, and it should be straightforward and unhampered. What kind of premeditation is it that causes a young man to take a girl to a canyon to ask her to be his wife and then when she refuses, and tells the tale of her condition, kills her, tucks her in the back of the automobile and hastens with her body to the police station and gives himself up? Was his brain diseased by tuberculosis or did the general tuberculosis of the body untowardly influence the mind? It is too early to know the line of defense, since the murder took place only a short time ago. It is a good opportunity for an uninfluenced and skilled alienist.

In conclusion, I express a belief that there is but one way to get expert testimony that will further the cause of justice, and that is for a judge to appoint a commission of skilled medical men to examine the case, refer to the authorities on the subject, advise with each other, and in joint session report to the presiding judge, and, being unhampered, give their carefully formed opinions.

S. E. EARP.

#### PHYSICO-CHEMICAL NATURE OF CANCER.

In looking over my file of reprints I find one which is an hypothesis regarding the physicochemical nature of cancer, written by E. P. Robinson of New York

and published in the Medical Record, September 1, 1917. It appeals to me that it should have received more attention. We must admit that traumatic influences provide opportunity and often a location for pathology such as the breasts, and is it any wonder that there should be perverted function in such a complex organ as the uterus? We may know considerable about its relation to childbirth, but otherwise do we not show an ignorance relative to it? Do we know the relation of its function unrelated to childbirth and to the whole body? What about its true relation to the woman who during life has no interest in its use as a child-bearing organ or conception, etc.? Perhaps more knowledge concerning this organ might be a help in finding out something about cancer. We need not necessarily indorse all that Dr. Robinson has said, and yet a review presented to our readers will not be amiss. Dr. Robinson says:

The frequency with which the generative organs of the female are afflicted with cancer cannot be due to mere chance, but must depend upon some existing factor. It is a remarkable fact that the breasts and the uterus seem to be the sites by preference for cancerous involvement, while the corresponding organs of the male are rarely thus affected. The reason for this may be outlined as follows: The female being a reproductive animal, it is reasonable to assume that the cells of her body, and particularly those of the productive organs, are endowed with great power of proliferation than are those of the male. This function of cell proliferation would naturally exhibit greater activity in the uterus and the mammary glands than in other organs of the body. From the period of menstruation up to the time of the menopause, and perhaps some time after that, the cells of these organs undergo changes every twenty-eight days. The uterus becomes engorged and proliferation of the endometrium and of the body is proportionately active. The mammary glands show sympathetic changes and are more or less tender. If active

proliferation is not actually present there is some hyperplasia of the cellular tissue, which subsequently resolves as soon as the period of menstruation terminates.

The breasts are particularly exposed to injury or irritation, produced by blows or even by pressure or friction from the clothing. The uterus, likewise, may suffer irritation from a lacerated cervix, or by absorption of toxic products from the rectum.

Improper elimination of effete products of the body by their toxic action on tissues must undoubtedly produce irritation followed by hyperemia, and if this condition persists a passive inflammation ensues. Starting from this condition it can be readily seen how proliferation might be extensively stimulated and the gradual formation of a circumscribed tumor developed. The frequency with which constipation is observed to accompany tumors and cancers of the uterus arouses suspicion that this association is not accidental, and tends to lend weight to the inference that cancer is a constitutional disease and not a simple local affection.

More reason for suspecting that the cause of cancer may be found in the constitution of the plasma is shown by the frequency with which organs having an abundant blood supply are affected. For example, the statistics compiled by the Department of Health of New York City show that cancer has increased remarkably in the past five years those organs highly vascularized heading the list. The stomach and the liver show an increase from 31.4 to 33.8 per cent, the female generative organs from 12.3 to 13.3 per cent, the peritoneum and intestines from 11.6 to 13.3 per cent, the breasts from 7.7 to 8.5 per cent, while the skin is proportionately low, being only 1.3 to 1.7 per cent. The combination then of a large blood supply, active metabolism and physiological cell proliferation would seem to be predisposing causes to cancer.

Tumors are composed of the same types of cells as those normally existing in the body, and are derived from the

latter by a proliferation of pre-existing cells. The cells of malignant tumors do not possess a characteristic structure or appearance, and there is nothing pathognomic in the appearance of single cells. To determine the nature of a tumor, particularly cancer, it is necessary to consider the general structure, the gross appearance, and the clinical history in order to arrive at a definite opinion, and microscopic examination aids the diagnosis best when the tissue to be examined is taken from peripheral portions of the tumor.

No appreciable advantage is gained by a knowledge of the particular type of cell tissue which has assumed the character of a tumor, the existence of metaplasia is often recognized, nor can a degree of malignancy be determined by the character of the cells or their types. Bainbridge in his article in the Medical Record, April 28, 1917, quotes Bloodgood as saying, "I have submitted over sixty borderline cases to a number of pathologists, and have found that in not a single one has there been a uniform agreement as to whether the lesion was benign or malignant." A tumor at its inception is not primarily a cancer and may never become one. Tumors are classified as benign and malignant; and it is known that any benign tumor may become malignant. It can be reasonably asked what brings about this virulence, a state of being capable of remissions and exacerbations and even spontaneous disappearance? It is hardly conceivable that the cells of the tumor are by themselves capable of this whimsical behavior, but must depend on the influence of some other agent for the change they acquire, and the only logical place that this can be looked for is in the chemical constitution of the plasma. For it must be admitted that a cell cannot act independently of the plasma in which it lives.

Dr. Robinson discussed the effect of salt upon the organism and it perhaps is a good agent to select.

There is no chemical substance in the universe which enters into the body fluids of man in as large an amount as common salt. Of all the substances

found in the plasma it heads the list, being from three to four parts per thousand, while few of the other substances are over one part per thousand.

If the adjustment of plant life to the animal is considered from the viewpoint of nature it will be observed that, with the exception of poisonous plants, all the chemical constituents of vegetation have been arranged in proportions best suited to the requirements of the animals that must exist upon them, and to prevent the possibility of an overabundance of any one constituent accumulating in the plasma, a variety of vegetable life was adapted. In our diet, consisting in the main of animal and of vegetable tissues, the proportions of their chemical constituents are left undisturbed, but there is one chemical constituent whose proportion is artificially increased and that is sodium chloride.

To summarize all that has been said regarding cancer: Any pathological state of the body must arise from the action of organic, inorganic or traumatic influences. In cancer, organic and traumatic influences have been eliminated as causes. Considering the inorganic agents as causes all have been eliminated, leaving one only which appears to be the most active cause, and this is sodium chloride.

To produce cancer successfully the subject must have inherited an antipathy to chlorine. The manifestation arrives some time during middle life of the individual.

The influence of salt on proliferation and on metamorphosis has been demonstrated. As for hereditary tendencies to cancerous growths, may the part played by heredity in cancer not lie in transmitting to the offspring an antipathy to chlorine?

To the honest skeptic who quite properly characterizes these reflections and suggestions as merely theorizing, the assurance may be extended that, theory though this may be, it is a theory susceptible of indisputable proof. It remains for those members of the profession in control of clinical facilities to conduct dietary experiments by segregat-

ing and submitting to a saltless diet. certain patients, comparing their condition after a reasonable lapse of time. Regression in cancerous growth in an appreciably larger percentage of those patients on the saltless diet than of those not so treated, would surely be a fact of significance—a fact capable of unlimited confirmation through further experiment.

Such factors as are emphasized are in reality worthy of consideration. We have heard nothing from Dr. Robinson on this subject for two years, and any person who has devoted so much time to so important a subject should continue in an effort to verify his findings and seek new light.

The subject is worthy of the author and he has advanced certain ideas that should not remain dormant.

S. E. E.

Since writing this opinion I find in the Medical Record for July 5, 1919, an article by Dr. Robinson entitled "Does the Cure of Cancer Depend Upon the Oxydation of Tissue?"

#### THE CLINICAL PHARMACOLOGY OF DIGITALIS.

Dr. Alfred M. Wedd of Pittsburgh contributes an illustrated article to the May Johns Hopkins Bulletin dealing with his observations with the clinical pharmacology of digitalis, and in part his summary says that in the use of the tincture in hospital wards there was shown a marked variation in efficiency. (From the Medical Clinic of the Cleveland City Hospital, service of Dr. E. P. Carter.) Two biologically standardized tinctures of approximately theoretical strength were studied and it appeared that the inefficiency of one was due to failure of prompt absorption from the alimentary canal, as was indicated by the larger amount necessary to produce a change in the T-wave of the electrocardiograph, the earliest demonstrable digitalis effect. There was no evidence of ill effects nor of the so-called cumulative action. The toxic dosage showed marked individual variation, from 20 c. c. to 100

c. c. The earliest signs of toxicity were slight nausea and premature beats. From Dr. Wedd's study of the drug and clinical cases he concludes that it is safe to bring about the expected benefits of digitalis by beginning with an initial dose of 5 c. c. of tincture and to continue with 8 or 10 c. c. daily until signs of toxicity appear or until clinical improvement warrants discontinuing the drug. Exception is taken to the statement of Cushny that in fibrillation there is no digitalis action through the inhibitory mechanism, and it is suggested that the decrease of maximum rate after atropine of the digitalized heart may be taken as a measure of the local action of digitalis on the myocardium. It is believed that in all cases the action of digitalis is both central, in the medulla, and local, in the myocardium, with relatively greater local action in atrial fibrillation.

In the series studied by Dr. Wedd there were cases with all possible valvular defects, all grades of decompensation, renal lesions of varying degrees of severity, systolic blood pressure ranging from 90 mm. to 230 mm. and almost all of the recognized types of myocardial involvement, including cases of intraventricular block, bundle branch block and complete dissociation, and in these cases there was not found any clinical entity which might be said to constitute a contraindication to the use of digitalis. Perhaps no more thorough recent work than that of Dr. Wedd has been done. Facts are presented because the latest methods of precision have been utilized and, too, watchfulness by the bedside furnishes a report valuable for its completeness. Perhaps these conclusions differ somewhat from some of the old theories, yet we must accept the findings from a careful observer who has had rare opportunities to form such conclusions.

It is not needful to call attention to many of the unreliable preparations of digitalis or the fact that often this drug will not remain stable for a long time, for Dr. Wedd proved the genuineness of the drug before he commenced with his

series of observation. This work is valuable, and the details should be weighed in our minds with great care.

S. E. EARP.

#### THINGS MEDICAL AND OTHERWISE FORETOLD BY POET AND SAVANT.

The discovery of the circulation of the blood by William Harvey (1578-1657) was the momentous event of the time and perhaps since Galen. Though not positively known to be a physician, Shakespeare (1564-1616) says in *Hamlet*, Act I, Scene 5: That swift as quicksilver it courses through the natural gates and alleys of the body, and with a sudden vigor it doth posset (coagulate) and curd like aigre (acid) droppings into milk; the thin and wholesome blood.

Julius Caesar, Act II, Scene 2, "You are my true and honorable wife, and dear to me as are the ruddy drops that visit my sad heart."

The Ghost mouths the sentence, "holds enmity with the blood of man."

Pulmonary gangrene is probably meant when Sebastian, *Tempest*, Act II, Scene 1, says, as if it had lungs, and rotten ones.

Dr. J. W. Wainwright, a Shakespearean student, some years ago said to me, "Harvey discovered the circulation of the blood in 1628; note the words of Shakespeare in 1603, I send it through the rivers of your blood, even to the Court, the heart." Very recently in a talk before the Indianapolis Historical Society I called attention to Shakespeare's recognition of infection and to the types of malaria: "All the infections that the sun sucks up from bogs, fens, on Prosper fall, and the 'sun-chill' mentioned in *Macbeth*, "Here let them lie, till ague and famine eat them up."

At the present time we see but little blood letting. Dr. Gross tried to revive the practice. In *Love's Labor Lost*, Act IV, Scene 3, may be found:

Biron. A fever in your blood. Why, there incision would let her out in saucers.

A recent writer has argued that love is a disease and yet but few have ac-

cepted that belief. How naturally we recognize the picture. Viola in *Twelfth Night*, Act II:

"She never told her love,  
But let concealment, like a worm in the bud,

Feed on her damask cheek. She pin'd in thought;

And with a green and sallow melancholy,

She sat like patience on a monument,  
Smiling at grief. Was not this love indeed?"

Pharmacy is suggested when Banquo says: "Oh have we eaten on the insane root that makes the reason prisoner."

Bassanio said: "Only my blood speaks to you in my veins."

How often we say the world loves a lover, but no one loves a fat man. It was not the belief of the bard.

Caesar (*Julius Caesar*, Act I, Scene 2). "Let me have men about me that are fat. Sleek-headed men and such as sleep o' nights. Yon Cassius has a lean and hungry look. He thinks too much; such men are dangerous."

These are but few of the wonderful things in Shakespeare. To write so intelligently and charmingly of medicine and with so much originality it has been suggested that he was a doctor or medical student.

When we seek knowledge and interest we find it in Shakespeare without end.

Let us call to mind Tennyson's *In Memoriam*. Here we find something about the origin of species, relative to the survival of the fittest, and yet the charming Darwin came a long time afterward.

Jonathan Swift, the English satirist, who died in 1745, utilized some ideas which lead us to believe that he had in mind the satellites of Mars, yet no discovery was made until accomplished by Hall of the Washington Observatory in 1877. We must bear in mind that Galileo, the great Italian physicist, who died in 1642, was the one who resolved a particular nebula into individual stars and made the remarkable discoveries of Jupiter's satellites, Saturn's rings, the sun's spots and also the starry nature of the

Milky Way. So Jonathan Swift has these in mind and it seems but natural that he should use astronomical illustrations in his satire, some of which, by chance afterward, in centuries to come, were known as truths.

I must halt my pencil because I desire to save space to call attention to a contribution of Grace Julian Clark in the Indianapolis Star some time ago, in which she speaks of poet and savant who prophesied the world league and other things, years ago. She quotes from a publication as follows:

In a pamphlet sent out by the League to Enforce Peace, of which former President Taft is the head, two prophesies uttered many years ago are printed, one from a great poet, the other from an eminent scientist.

I wonder how many persons realize that as long ago as 1842 Alfred Tennyson foretold the airplanes and their perfection when, on dipping into the future, he

Saw the heavens fill with commerce,  
argosies of magic sails,  
Pilots of the purple twilight, dropping  
down with costly bales;  
Heard the heavens fill with shouting, and  
there rained a ghastly dew  
From the nations' airy navies grappling  
in the central blue.

Could anything better illustrate the truth that poets are inspired and that it is given them to see things from which the eyes of the common man are holden? These lines occur just before those equally remarkable and prophetic ones telling of the time when the war drum shall throb no longer and the battle flags shall be furled—"in the parliament of man, the federation of the world." We used to think this was "mere poetry," very lovely and all that, but not to be considered in connection with a world of hard facts and stern realities.

The scientist is Herbert Spencer, who, in his "Principles of Sociology," declared:

"A federation of the highest nations—exercising supreme authority—may by forbidding wars between any of its con-

stituent nations, put an end to the re-barbarization which is continually threatening civilization."

Here we have a similar conclusion reached by wise men of very different training and attainments. The poet sees with eye of faith, his inspiration coming through spiritual sources, while the other has figured out the same result by reasoning from cause to effect, the law of necessity playing its part. Both are extremely interesting and encouraging in these dark days, when men from whom we expect vision and courage and generous impulses draw back and are afraid.

Sometimes one wonders if we are so very far evolved after all. Coming out from the city the other day I saw the following words over a church door, where an old-fashioned revival obviously was being conducted:

"Come In—The Wages of Sin Is Death  
—After Death the Judgment—Seek Ye  
the Lord While He May Be Found—You  
May Be Saved Tonight."

S. E. BARP.

#### NEEDS OF THE FEEBLEMINDED OF INDIANA.

Indiana has recognized for many years the importance of caring for her feeble-minded wards. The school at Ft. Wayne is over-crowded, but the legislature made an effort, so far as is in its power, to remedy it. Any one who takes enough interest in state affairs to read the reports each year of Secretary Amos Butler of the State Board of Charities will be convinced of the importance of state care of the feeble-minded.

The articles of Dr. Paul Bowers, prison physician at Michigan City for several years, show that a large per cent of the convicts are feeble-minded, that is to say, a defect somewhere in the brain. Dr. W. V. Anderson of Boston is quoted as saying that 10 per cent of criminals are feeble-minded. Some of these he found from his studies were adults in years, yet mentally were on a par with a child eleven years old. When released from prison they soon again commit some crime and are re-

turned. There should be a separate institution for them. It would not only benefit society, but also the state. This can easily be recognized from various viewpoints.

Indiana will no doubt care for her feeble-minded, but following the act of the legislature the wheels of progress have been clogged.

This condition of affairs caused the following editorial to appear recently in the Indianapolis News:

When the Indiana general assembly was in session representations were made that something must be done within the shortest space of time possible to relieve conditions in Indiana relative to feeble-minded persons. The state school at Ft. Wayne was overcrowded, it was shown, and many were on the waiting list because they could not be accommodated. Believing that these representations were true and that there was urgent need for action, the general assembly enacted a law providing for the purchase of ground on which to place a farm colony for feeble-minded in southern Indiana. There was an emergency clause in the law and it took effect on its passage. The act was approved March 13, 1919.

The new law provides that "upon the taking effect of this act a commission shall be created which shall be composed of four reputable citizens of the state, to be appointed by the Governor, not more than two of whom shall be members of the same political party." The commission is to serve without pay, but, of course, will have its expenses paid. The duty of the commission is to select a site for the proposed farm colony, and this, the law provides, shall be done and the site purchased on or before January 1, 1920. At least 1,000 acres must be included in the site.

While the commission has until the first of the year to select and buy a site for the colony, the impression of those who backed the bill was that immediate action would be taken. The need for greater facilities for feeble-minded people is so urgent that much satisfaction

was expressed over the passage of the law. It was pointed out that the site could be chosen without great delay, the buildings erected and the colony made ready for the reception of patients by fall. Yet the middle of July approaches and the Governor has not even appointed the commission to select a site. No explanation has been made of reasons for delay. The Governor may be acting within his rights, although the law says the commission shall be named "upon the taking effect of this act." Why the spring was wasted and why the summer promises to go the same way is something not given the public to understand.

#### VARIOUS KINDS OF SUGAR.

Beet sugar, cane sugar, maple sugar, malt sugar and milk sugar all have the same percentage composition and the same empirical formula. They are made out of the same elements in the same proportion; and yet, excepting the first two, they differ in chemical and physical properties. When absolutely pure and free from flavors, maple sugar is exactly the same as beet and cane sugar. Cane and beet sugar are exactly the same in all properties. They crystallize alike, they look alike, they have the same sweetness in quality, kind and degree, and when pure, no mortal can tell one from the other. They are one and the same.

Cotton and starch have the same percentage composition and the same chemical formula, yet similar to malt and milk sugars, which also have like percentage composition and empirical chemical formula, they differ widely in physical and chemical properties. They are easily distinguished from each other and from ordinary sugar.

#### Like Beet and Cane Sugar.

Maple sugar is exactly the same as beet and cane sugar, only it has a flavor from the maple wood which is exceedingly pleasant. Remove this flavor, and it is impossible by chemical or physical tests or by taste, touch or sight, to tell it from ordinary every-day sugar.



When two or more substances like cotton and starch have the same percentage composition and empirical chemical formula, the condition is termed one of isomerism. The word means equal weight. The wide and remarkable difference in chemical and physical properties of substances, when their chemical formulas are the same, is explained by the fact that molecules and atoms, though existing in different compounds in the same number and properties are differently arranged. The stone, brick and timbers taken from an old building may be used to construct a new building in no wise resembling the old one.

#### Glucose and Sucrose.

Glucose or grape sugar, differs chemically from sucrose, or common table sugar, in having in its (glucose) molecule one less molecule of water than exists in the sucrose molecule. It is an easy matter to change sucrose into glucose, but no process is known for making the reverse change. That man will have a huge fortune who can find a way to make table sugar from grape sugar. Levulose is the name given by chemists to the sugar which is found in the sweet juices of fruits and of honey which does not crystallize.

Inosite is a sugar which is found in the muscles of all animals. Xylose (wood sugar) may be made from wood gum or straw. The strawboard plants pour great quantities of xylose into the streams. It occurs in the manufacture of strawboard and has no commercial value.

The above, contributed to the Indianapolis News by Dr. J. N. Hurty, recalls the days when he kept the "Hurty Pharmacy" and was "all things to all men" in chemistry in Indianapolis. He was surely the "carbon center of a benzol ring" and his pharmacy was the center of attraction to all the scientists of Indiana.

A. W. BRAYTON.

#### THE MUDDY MISSOURI.

The Missouri is the muddiest river in the Mississippi valley; it carries more silt than any other large river in the United States except possibly the Rio Grande

and the Colorado. For every square mile of country drained it carries downstream 381 tons of dissolved and suspended matter each year. In other words, the river gathers annually from the country that it drains more than 123,000,000 tons of silt and soluble matter, some of which it distributes over the flood plains below to form productive agricultural lands, but most of which finds its way at last to the Gulf of Mexico.

In earlier eras the Ohio and Mississippi emptied into the gulf separately, as the gulf extended into southern Indiana and Ohio. The entire southern states are made up of the mud carried down by the Ohio and Mississippi, and their tributaries. The great earthquake of 1811 was caused by the adjustment of the earth's crust due to this new crust layer. Revivals were started among the few but frightened settlers, but Louisville and Terre Haute were not "in it." If so they might have been destroyed. All of which one may read in the lives of Lorenzo and Peggy Dow, but with more profit and pleasure in Tarr's Physical Geography—a charming book.

A. W. BRAYTON.

#### STATUE OF FLORENCE NIGHTINGALE.

A statue of Florence Nightingale was unveiled at London on February 24. It is the first time that a statue of a woman, aside from royalty, has been erected publicly in London. The figure bears a lamp in the right hand and forms a part of the Crimean memorial group in Waterloo Place.

Some years ago the New York Medical Journal contained the above item.

"Flit on Charming Angel," is the sentence which is formed by transposition of the letters of her name. Named for "Italy's fairest city and a sweet-voiced bird," said the Rev. Oscar McCulloch of Indianapolis, in a morning service for the children of his church and the sick soldiers of the Crimean war, at Scutari, kissed her shadow as she passed their cots. Her name is written among the immortals.

A. W. BRAYTON.

## ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators.

### DIET AND DENTITION

#### On the Importance of Nutritive Studies of the Growth of the Teeth and Jaws.

Wm. J. Gies, Biochemical Laboratory of Columbia University, at the College of Physicians and Surgeons, New York City.

The teeth have been almost completely ignored by investigators in nutrition. Our knowledge of the nutritive relationships of the teeth and jaws is, accordingly, limited, in the main, to guesses and generalities. We know, of course, from the facts regarding elementary composition of the teeth, that calcium, phosphorus and oxygen are among the essential dietary elements for dental development, but beyond this and similar obvious qualitative relationships we have very little real information regarding the mineral metabolism of teeth. The relation between diet and the composition of the organic basis of the teeth is wholly unknown beyond the superficial fact that the organic matter in the teeth is chiefly a mixture of proteins and that, of course, the diet must contain material necessary for the production of these proteins. The co-ordinations in the nutrition of the jaws and teeth, and between these and of the gums, are wholly undefined; and even that between general metabolism and dental nutrition is completely open to accurate determination. Full understanding of the pathology of the dental tissues, and the tissues immediately related thereto, and of the measures necessary to prevent dental diseases, is obviously unattainable under these conditions of almost total ignorance of the chemico-physiological facts of dentition.

It is the purpose of this note to call attention in a general way to this important deficiency in our knowledge of the teeth and nutrition, and to appeal for

active interest in the work of bridging this gap.

Investigators of nutrition in its more dynamic aspects, might readily extend the scope of their observations to include the chemical physiology of the teeth. Thus, students of the nutritive adequacy of particular diets, as determined by body weight and similar criteria, in growing animals, might record, to the greatest advantage, also, the normality or deficiencies in dentition from such standpoints as time of eruption, rate and extent of emergence, alinement, shape, number, appearance, hardness, gross structure, histology, and composition, of the teeth, or any of these, as the character of the research might permit. Again, workers in the field of endocrinology might easily include, it would seem, in many of their prolonged experiments on animals, observations of the dental kinds just enumerated, in studies of the effects of extirpations of glands, or of the influence of injections or ingestions of extracts or tissue parts. Extensions such as these might readily be made to numerous types of nutritional research, if active investigators in the fields of nutrition and diet fully realized the need and opportunity for development of our knowledge of dental physiology, and were disposed to endeavor to advance it.

The writer inaugurated studies of this kind in this laboratory several years ago. Having given considerable attention, in this connection, to the analysis of teeth, he would cheerfully co-operate with others from this standpoint who might be disposed to include the teeth in the scope of their researches, but who would find it difficult or impossible to subject the teeth to particular phases of chemical analysis. Correspondence regarding collaboration in this relation is cordially invited.—*Journal of Dental Research*, March, 1910.

**THERAPEUTIC ABORTION.**

Edward P. Davis, in the *Therapeutic Gazette* for June, 1919, speaks of the circumstances under which he believes pregnancy should be interrupted.

Reasoning largely by analogy from what has been done in some countries with animals, some obstetricians maintain that pregnancy should rarely be interrupted because of tuberculous infection. Every effort should be made to stay the progress of the disease and bring about the patient's cure, and it is held that this result will not be hastened by the interruption of pregnancy.

It is the belief of the writer that all tuberculous women becoming pregnant should have the pregnancy interrupted as soon as possible; that pregnant women becoming tuberculous should be thoroughly examined, carefully and intelligently treated, and carefully watched. Should it become evident that the tubercular disease is gaining and that the patient is losing, then pregnancy should be immediately terminated.

In the absence of acute infectious diseases, other than tuberculosis, pregnancy, under no circumstances, should be interrupted. Abundant observation during the recent epidemic of pneumonia showed that those pregnant women who aborted had a death-rate of almost 100 per cent. The temptation to produce abortion in acute infectious diseases may be very great; the reasons for this are evident. Acute infections during pregnancy are dangerous in proportion to the toxins which they produce and their effect especially upon the heart muscle of the patient; interruption of pregnancy is accompanied by an increase of toxemia in the mother. In patients having high temperature, hemorrhage during abortion often becomes exceedingly dangerous.

In dealing with this subject one must remember that, with some patients, religious belief and ecclesiastical authority may prevent the interruption of early pregnancy. In these cases the function of the physician is to state the truth, without reserve, leaving the responsibil-

ity for the final decision to the conscience of husband and wife; by their decision he must naturally abide.

In producing therapeutic abortion an effort should always be made by the method employed to cure if possible any local abnormality which may be present; thus, if the patient has retroflexion of the uterus and the uterus has not completely risen above the pelvic brim, the use of packing is especially essential in straightening the canal of the uterus; care should be taken that retroversion does not develop during convalescence. Where there has been chronic endometritis, the curetting may be followed by application of iodine before packing is introduced.

Obstetric surgery has removed from the category some indications for therapeutic abortion which were formerly valid; thus the presence of pelvic tumor complicating pregnancy is no longer an excuse for therapeutic abortion, but an indication for the removal of the tumor. Contracted pelvis has long since ceased to be an indication for therapeutic abortion. Cases of repeated overgrowth of the child with disastrous labor are successfully managed by restricted diet and induction of labor or by elective section, at term; under both methods the lives of mother and child are saved.

An interesting question is raised in a case in which the woman herself, mentally sound, was married to a man who developed degeneracy and mental unsoundness. During the first years of such a marriage the husband remained in good mental health, but degeneracy developed, and during its early stage the wife became impregnated. So evident was the condition that therapeutic abortion was induced to prevent the birth of a mentally unsound individual. It is evident that, in cases such as this, abuses might easily be practiced, and that a very careful study of all of the facts in the case must be made before the decision to interrupt pregnancy is formed. In the case to which reference has been made, an application for divorce succeeded with the court and the mother was

given the custody of the children. Might it not, under the condition of confirmed alcoholism, be permissible to perform therapeutic abortion to prevent the birth of a stunted and invariably diseased offspring? In cases of syphilis, the treatment of specific disease is so successful during pregnancy that syphilis furnishes no valid excuse for the interruption of gestation.

The recent war has furnished shocking examples of women brutally impregnated by enemy soldiers. In the case of a French woman impregnated by a German soldier, and brought to trial for the murder of her infant, she was unanimously acquitted by a French court. Under such conditions, sympathy might suggest the scientific interruption of early pregnancy; but as physical science is concerned with physical conditions only, there would be no sufficient ground for such a procedure.

#### REST AND EXERCISE IN PULMONARY TUBERCULOSIS.

Prefacing his remarks with a short historical review of the employment of rest and exercise, Kinghorn of Saranac Lake works out with great detail and precision the application of these agents in the treatment of pulmonary tuberculosis. He inclines to the most rigid use of rest with practically no exercise to be allowed if the patient's temperature exceeds 99 degrees F. Only the lightest exercise is to be permitted under any circumstances until a long period has elapsed after complete disappearance of symptoms and the patient's disease has been arrested without question. Many minutiae of treatment are gone into and the views of others are given adequate notice and comment.—Kinghorn, Hugh M. *Rest and Exercise in the Treatment of Pulmonary Tuberculosis*. American Review of Tuberculosis, June, 1919, Vol. III, No. 4.

#### IRRITABLE HEART.

Meakins in the Medical Record, June 28, concludes an article with the above title as follows:

Any one who has closely studied this subject of "Irritable Heart" can not but be impressed by the wide distribution of the condition and the importance it plays in civilian and army life. That it is a definite pathological entity there is no proof; on the contrary, all evidence goes more and more to show that it is a conglomerate collection of functional disturbances producing a more or less identical group of symptoms. Although all cases are similar, they are not identical. In some the respiratory symptoms predominate, in others the cardiac, while in still others the nervous symptoms. It seems probable that this is a disease of function more than of structure, and until such time as perversions of function are investigated independent of structural change, a definite understanding of this syndrome of symptoms may not be arrived at. The key of the situation appears to be hidden in the interrelationship of cardiovascular and respiratory functions, with the nervous and chemical processes which govern them.

#### FORCIBLE RESPIRATION IN THE TREATMENT OF PAROXYSMAL TACHYCARDIA.

Charles Flessinger (Bulletin de l'Académie de Médecine, April 15, 1919), notes that, while mention has frequently been made of slow, deep breathing as a serviceable therapeutic procedure in paroxysmal tachycardia, insufficient stress has been laid upon forcible respiratory effort by the patient as a necessary factor for satisfactory results. In a severe case of this affection, in which a pulse rate of 200 had been maintained for several days and the patient exhibited cyanosis and cold extremities and was apparently in a hopeless condition, deep inspirations followed by prolonged expirations, using Pescher's bottle apparatus, resulted in immediate recovery, the pulse rate dropping to seventy and the patient having no return of the trouble for six years. The author refers to another case in which the patient was regularly able to stop his attacks of paroxysmal tachycardia by running behind a moving auto-

mobile; subsequently, when he was no longer strong enough to do this, an asthmatic seizure would always bring relief from the tachycardia. Another patient, suffering from cardiorenal disease, had tachycardial seizures upon walking, but found that when he walked faster the seizures would stop. Recently a young woman of twenty-seven had paroxysmal tachycardia for twenty-four hours as a sequel to influenza. Pressure on the eye-balls had no effect, but after repeated forcible breathing exercises the seizure suddenly came to an end. A month later another seizure was arrested by three deep inspirations and prolonged expirations. Apparently any respiratory effort, provided it is kept up for a time, is capable of checking paroxysmal tachycardia. An important prerequisite at the time is that the patient should have enough strength left to execute the necessary forcible movements. For this reason the treatment should be instituted as early as possible in the individual case. Emetics are sometimes beneficial in paroxysmal tachycardia, but the forcible respirations are more advantageous, making less demand upon the patient's strength.—N. Y. Med. Jour.

#### THE DIAGNOSIS OF CANCER.

Leaving out of consideration those forms of internal cancer which are obscure and difficult of diagnosis, the physician too often fails to recognize those which are begging for a diagnosis, and in which a little care and attention to detail would prevent the scarring of professional reputations and perhaps result in the saving of life. It is not genius that is required to obviate the more common blunders, but thorough history taking, examination, and prompt action where findings justify. In order to minimize the most frequent sources of diagnostic failure, careful consideration should be given to the following points:

1. In general, malignancy should be excluded, regardless of age, in all patients with stomach and other abdominal

symptoms, in all who have lost weight or are anemic.

2. Every lump and every obscure pain in a woman's breast should make us think of cancer, even though in a majority of cases the suspicion may be without foundation.

3. In every abdominal condition which might be cancer a rectal examination should be made. The finding of metastases sometimes clears the diagnosis. The same procedure should be adopted with every patient complaining of sciatica or abnormal sensations in the lower back or legs. Not only have neoplasms been often discovered in this way, but other conditions as well, such as a tuberculous abscess pointing in the pelvis. A local examination should be made whenever there is complaint of hemorrhoids, hemorrhage, pain or other rectal symptoms.

4. Metrorrhagia is a mandatory indication for a careful examination by palpation and inspection, especially if the patient is near or past the menopause.

5. We should not lose sight of the fact that hematuria is one of the symptoms, frequently the first, of tumor of the kidney, bladder or prostate.

The observations made above are not intended to be complete, but are suggestive and directed against the most common oversights. In addition they are elementary and obvious. However, no apology is offered for presenting them. The important is often obvious and the obvious is often overlooked. It is only by constantly keeping before us their importance that we can avoid the mistake of neglecting the simple means of diagnosis which are ready at hand, as well as that of failure to resort to the more complicated methods of laboratory and examining room.—B. H. Brown, Jour. O. H. S. M. A.

#### ODOR MORTIS.

Many people believe that soon after death a peculiar smell arises from the body. So, too, it is well known that in some countries raven appear, often in large numbers almost immediately after

animals have expired. It is easy to explain all such phenomena by the changes due to decay of the body; but the smell before death, which is referred to as odor mortis, is not so easy to explain. This death smell attracts several species of flies the dying in certain seasons, and the approach of death in a human being or an animal, if it occurs at a time of year when these insects are in active life, is said to be unmistakably heralded by the determined manner in which these flies settle on the skin, especially in the region of the nostrils. According to many authorities, the smell is inappreciable to average nasal organs, though not a few trained observers are without doubt of its existence.

Of the numerous cases which have recently been put on record one or two may be referred to here, as they provide sufficient ground for further investigation. An apparently strong, healthy nurse was suffering from a severe attack of typhoid fever, and toward the end of the first week a peculiarly heavy odor was noticed about the patient by the doctor in attendance, and as he had previously noticed a similar odor in a fatal case, he felt anxious. Shortly after the odor was detected the nurse developed other symptoms and died. Another physician records that having remarked the smell in the case of a child who otherwise did not appear to be seriously ill, he regarded it as a sign of most unfavorable import, and sought a consultation. The consultant thought there was no cause for anxiety, yet the child died within forty-eight hours. These and other cases described by medical men certainly give ground for the belief that in some cases at least the approach of death is heralded by a strange odor, though it is difficult to explain exactly the cause of its occurrence—*Medical Standard*, July, 1919.

#### PREVENTION OF SCURVY.

In our original department Dr. J. Don. Miller contributes an article giving the results of his experience in scurvy. It is a subject which we should give

our individual attention. The *Medical Record* editorially says:

During the past few years scurvy has been more or less common among the armies in the near and far East. In consequence, the etiology and treatment of the condition have been studied quite closely. Of course, it has been known for some time to be a deficiency or lack of vitamine content in the diet, but this fact has been strongly emphasized by the investigations made in Mesopotamia and elsewhere. Also dietetic treatment has further clinched the point that scurvy is a deficiency disease. The food committee of the British Royal Society issued a short time ago the following conclusions as to scurvy, based on investigations made at the Lister Institute, London: (1) Scurvy, like beriberi, is a "deficiency disease" and is due to the continued consumption of food lacking in an accessory food substance or vitamine. (2) This vitamine is contained in a number of fresh foods, in largest amounts in oranges, lemons, and fresh green vegetables, in considerable amounts in roots and tubers, such as turnips, potatoes, etc. It is deficient in all dried and preserved foods. (3) It is destroyed by prolonged heating. Thus potatoes in stews would be devoid of vitamine, but if boiled rapidly will still contain a small quantity. Alkalies rapidly destroy antiscorbutic properties. Soda should not, therefore, be added to water in which vegetables are soaked or boiled. (4) Before the onset of definite symptoms of scurvy there is a period of debility and weakened resistance to disease. Cases of debility in any body of troops without sufficient cause should at once direct attention to the diet. (5) West Indian lime juice as ordinarily prepared is useless. Fresh limes have an antiscorbutic quality, but their efficiency is only one-fourth that of lemons. Orange juice is as effective as lemon juice. (6) Potatoes and root vegetables have a distinct value in the prevention of scurvy, much less, however, than green vegetables or fresh fruit juices. (7) Pulses—beans, peas and lentils—in the

dried condition have no antiscorbutic properties. If, however, the dried seeds are soaked in water and allowed to germinate for a short period, they develop the antiscorbutic vitamine. At the same time these pulses are also rich in the vitamine which prevents beriberi, and are, moreover, valuable foods. (8) The antiscorbutic value of fresh meat is very low in comparison with fresh vegetables and fruit. Tinned and preserved meats possess no antiscorbutic value. Frozen meat, while more valuable than preserved meat, must be considered inferior to freshly killed meat. (9) The destruction of antiscorbutic properties of foods during the process of cooking depends upon the time of cooking and temperature employed. All foods, especially vegetables, should be cooked in as short a time as possible at boiling point. Slow methods of cooking, such as stewing or simmering below boiling point, should be avoided. Potatoes should be plunged into boiling water and boiling continued for twenty or thirty minutes after boiling point had again been reached. Frozen meat should be roasted when practicable.

These findings go to show that views as to the value of the various foods from the nutritive standpoint have changed greatly within the past ten or twenty years. The vitamine content of food must not be greatly impaired or nutrition will not only be unsatisfactory, but beyond a certain point pathological conditions will be produced. Meat has been shown to be in many respects, and especially so far as vitamins are concerned, inferior to other foods which not long ago used to be regarded with thinly veiled contempt. The pulses, either fresh or germinating, have been elevated to a high position among the food products and are as economical as they are nutritious. The report from which quotations have been made gives some useful advice as to cooking, an art concerning which there is a great deal of ignorance, and particularly with regard to cooking in such a manner as to preserve as much as possible the nutritive properties of the food. Lastly, it was

shown that canned and dried foods do not contain the amount of nourishment which is contained in fresh foods, and that so far as vitamine content is concerned they are useless. Our ideas as to food must evidently undergo a great deal of revision from all points of view.

#### KINEMATIC SURGERY IN MILITARY HOSPITALS.

BOLOGNA, Italy.—Remarkable results have been achieved in Italian military hospitals recently by the use of what is known as "kinematic surgery," the invention of Prof. Putti of Bologna University. Prof. Putti's methods have aroused intense interest on the part of American doctors attached to the Balkan Commission of the American Red Cross, who are supervising the artificial leg factories already established and being established in Athens, Salonica, Belgrade and Bucarest for the war's mutilated.

At the present moment the Allied soldiers in the Balkans who have lost their limbs are being fitted with artificial legs and arms of a type similar to that employed by Sarah Bernhardt. Prof. Putti's methods, however, are a distinct advance over all other artificial appliances.

His treatment of amputated limbs consists of a unique preparation of the stump to develop a "motor" end to the cords which, after being bound together over a smooth "bearing" of bone, get as much as a three-inch travel of the leg by means of a re-education and co-ordination of the muscles of the stump.

After the stump heals, Prof. Putti cuts out a flap of flesh, which he folds back into an incision to take the flap. This is allowed to heal and then, through the loose flap of flesh a metal bar with attachments to operate the artificial limb below is suspended.

The muscles of the calf and thigh readily respond after some weeks to the movement of the artificial leg and soon the pressure of the swinging of the artificial leg re-educates the muscles through the flap of flesh of that it may be said that the muscles of the stump actually operate by themselves the mechanical features of the artificial limb.

In case of a severed hand the muscle groups surrounding the bone are trained to operate catgut cords, which in turn operate artificial fingers. Not since the introduction of "debridement" in American army medical work in France has any medical innovation created so much comment.

**RESOLUTION ADOPTED BY THE INTER-ALLIED RED CROSS CONFERENCE AT CANNES.**

PARIS—Fifteen of Americas leading specialists, acting with the distinguished physicians and scientists of England, France, Japan and Italy, have affixed their names to a resolution of great import to the future welfare of mankind just adopted by the Inter-Allied Red Cross Conference in session at Cannes, France. The resolution, telling of the purpose "to spread the light of science and the warmth of human sympathy into every corner of the world," was adopted by the committee of Red Cross leaders which is preparing the program for world betterment to be submitted to the congress of Red Cross societies at Geneva. The text of the resolution follows:

"We are assembled at the invitation of the Committee of Red Cross Societies to assist in the task for which that committee was constituted, namely: 'To formulate and propose to the Red Cross Societies of the world an extended program of Red Cross activities in the interest of humanity.'

"In addressing ourselves to this task, we desire to express our belief that while every measure should be taken to repair the ravages of war and to prevent all wars, it is no less important that the world should address itself to the prevention and amelioration of those ever present tragedies of unnecessary sickness and death which occur in the homes of all peoples.

"This world-wide prevalence of disease and suffering is in considerable measure due to causes which science has not yet disclosed, but a great part of it is due to widespread ignorance and lack of ap-

plication of well-established facts and methods capable either of largely restricting disease or of preventing it altogether.

"It is clear that it is most important to the future progress and security of civilization that intelligent steps be taken to instruct the peoples of the world in the observance of those principles and practices which will contribute to their health and welfare.

"In the accomplishment of these great aims it is of supreme consequence that the results of the studies and researches of science should be made available to the whole world; that high standards of practice and proficiency in the prevention of disease and preservation of health should be promoted and supported by an intelligent and educated public opinion; and that effective measures should be taken in every country to secure the utmost co-operation between the people at large and all well directed agencies engaged in the promotion of health.

"We have carefully considered the general purpose of the committee of Red Cross societies whereby it is proposed to utilize a central organization which shall stimulate and co-ordinate the voluntary efforts of the peoples of the world through their respective Red Cross societies; which shall assist in promoting the development of sound measures for public health and sanitation, the welfare of children and mothers, the education and training of nurses, the control of tuberculosis, venereal diseases, malaria and other infectious and preventable diseases, and which shall endeavor to spread the light of science and the warmth of human sympathy into every corner of the world, and shall invoke in behalf of the broadest humanity not alone the results of science, but the daily efforts of men and women of every country, every religion and every race.

"We believe that the plans now being developed should at the earliest practical moment be put into effect and placed at the disposal of the world. In no way can this be done so effectively as through the agency of the Red Cross, hitherto



largely representing a movement for ameliorating the conditions of war, but now surrounded by a new sentiment and the wide support and confidence of the peoples of the world and equipping it to promote effective measures for human betterment under conditions of peace.

"We are confident that this movement, assured as it is at the outset of the moral support of civilization, has in it great possibilities of adding immeasurably to the happiness and welfare of mankind."

The following are the American scientists who have subscribed their names to the resolution: Dr. William Henry Welch, Dr. William Palmer Lucas, Lt. Col. William F. Snow, Dr. Hugh G. Cumming, Dr. Samuel McClintock Hamil, Dr. Herman Michael Biggs, Dr. Fritz B. Talbot, Colonel Richard P. Strong, Dr. L. Emmett Holt, Dr. Wickliffe Rose, Dr. Frederick F. Russell, Dr. Edward R. Baldwin, Dr. Livingston Farrand, Lt. Col. Linsly R. Williams and Dr. Albert H. Garvin.

Scientists of the four other great powers who have signed the resolution are: Great Britain: Lt.-Col. Edward G. Hort, Lt.-Col. Sir Robert W. Philip, Colonel S. L. Cummins, Dr. Henry Kenwood, Sir John Lumsden, Dr. F. Truby King, Colonel L. W. Harrison, Sir Arthur Newsholme, Dr. F. N. Menzies. Italy: Dr. Ettore Machiavava, Prof. Edouardo Maragliano, Dr. Bortholomeo Gosle, Lt.-Col. Aldo Castellani, Dr. Francesco Valagussa, Dr. Ducrey, Colonel Caesar Baduel, Dr. Camillele Poli, Dr. Giuseppi Bastianelli. France: Dr. Paul Emile Roux, Dr. Edouard Rist, Dr. P. Armand Delille. Japan: Dr. T. Kabishima, Dr. Nawa.

#### POSTURE DURING SLEEP.

This question—a time-honored one—is not of such practical import as might at first appear, for the reason that one can not altogether control his position during sleep. Many persons move around more or less when in a state of irresponsible half-wakefulness. It is, however, worth while to note the relation of the position assumed during sleep to

certain important body functions which may be influenced thereby.

The most objectionable position which one can assume during sleep is lying upon the back with the head and shoulders raised. For persons suffering from cardiac dyspnea this position is sometimes necessary; but when it is habitually assumed it tends to produce round shoulders and a flat chest, besides embarrassing the heart and the stomach, and hence is highly objectionable. Lying upon the back induces in many persons nightmare or unpleasant, distressing and exhausting dreams. The probable cause is a disturbance of the spinal centers due to the overheating of the tissues of the back. Many persons also complain of numbness of the limbs when sleeping on the back, and of pain in the lumbar region. These symptoms are due to pressure and strain.

The best position in sleep for the majority of persons is undoubtedly the prone position, that is, lying on the abdomen. This position, or the half prone position, lying upon the side with the body turned well forward, is the one most promotive of the reparative processes which are carried on during sleep. The abdominal muscles are a great reservoir, capable of holding all the blood in the body. They are, in fact, a sort of expansive tank, in which any surplus blood may be immediately thrown or from which blood may be drawn by the controlling influence of the vasomotors. When lying upon the face, the large amount of blood contained in this reservoir is forced out into the general circulation, and made to take part in the restorative function of sleep.

The prone position in sleep is especially important to sedentary persons, and for those whose occupation is such as to lead to deficient development of the abdominal muscles—a condition which leads to overfilling of these muscles with blood. Lying on the face is also a splendid gymnastic training for the diaphragm, as this muscle is then compelled to life the weight of the body. Persons suffering from chronic enteritis, intestinal catarrh, chronic gastritis, gall stones, or other congestions, will find

the prone position decidedly advantageous.

In some cases in which the abdominal muscles are greatly relaxed it may be found advantageous to place a small pillow or cushion underneath in order to still further compress the abdomen. The cushion must not be too thick, and should be rather hard, preferably stuffed with cotton or hair. A feather pillow should not be used. By this means large quantities of blood stagnating in the abdomen may be forced out into the general circulation and thus the assimilative work of the body may be greatly facilitated. The prone position in sleep has the further advantage that it antagonizes the rounding of the shoulders which is induced by wrong positions during waking hours and the attitude assumed in sedentary occupations.—*Medical Standard*, July, 1919.

#### COMMON SENSE ABOUT TOBACCO.

In studying the question of the use of tobacco, there is one phase of it which can not be viewed other than with disapproval, namely, the habit of cigarette smoking by young boys and lads. This practice can not but have serious and far-reaching consequences of evil, and is in every way harmful. Moreover, we decline to believe that the youth who swaggers around with a cigarette of more or less questionable tobacco in his mouth really enjoys it. In most cases it is a case of self-imposed martyrdom. Youths voluntarily endure the disagreeable effects to acquire what they regard as a manly accomplishment, and when the habit is fully confirmed the growth and development of the body is seriously interfered with, and the worst results follow.

In the case of grown men, and when indulged in in moderation, tobacco smoking has much to be said in its favor. Tobacco is an aid to mental work, and a help to reflection and complacency. It soothes the irritated nerves and promotes sociability. Situations of loneliness are always rendered more tolerable by tobacco, and it is the constant com-

panion of those who lead lives of solitude. A feeling of unrest and discontent, often caused by brooding over troubles more or less imaginary, is frequently dispelled by the soothing influence of a cigar or pipe. Many of the ablest writers and brain workers use tobacco, and they claim that they can not accomplish the same amount of work in the same time without it.

Tobacco formerly enjoyed a well deserved reputation as a medicinal agent, and was extensively used in cutaneous disorders. It has, however, been largely supplanted by other remedies. A curious fact, and one which, from the speaker's viewpoint, forms a valuable argument in favor of the weed, is that men are, on the whole, as healthy as women, while nine out of ten of the male population smoke, while women abstain.—*Medical Standard*, July, 1919.

#### INTESTINAL AUTOINTOXICATION.

One of the favorite theories of some medical clinicians during the past thirty years has been that numerous symptoms presented by certain patients are the result of the absorption of toxic material from the alimentary canal, and in their opinion chiefly from the large bowel. Those who have been most enthusiastic in advocating this theory have resorted to the most radical methods for the relief of the patient, even to the extent of removing a large part of the colon, an operation which we believe is now one looked upon with disfavor by the majority of the best surgeons in the world, notwithstanding its advocacy by no less a brilliant surgeon than Dr. Lane.

Even if the patients survive this radical operation, they are almost invariably changed into chronic invalids of another type and suffer from a different set of symptoms, many of which are infinitely more disagreeable than those which presented themselves at first. It is to be recalled that nature seldom makes the error of providing an organ which is incompetent to perform the work assigned to it. The colon takes up a large amount

of moisture as the contents of the small intestine escape into it, but it does not take up other materials with the liquid, and those who have had colectomy performed are placed in a condition from which they suffer from chronic diarrhea and an inability to control intestinal movements.

Closely associated with this is the question of purging patients prior to operation with the idea that by cleaning the alimentary canal a certain number of post-operative symptoms are thereby put aside. Without doubt this purgation is far too frequent and to severe, with the result that the patient is weakened. A patient going into a surgical operation of considerable gravity, so far as his nervous system is concerned, closely resembles the soldier who is going into battle, and every one knows that diarrhea does not add to the bravery or physical stamina of a fighting man, but as the expression runs, "he fights best on full belly," which does not mean a full stomach, but an alimentary canal which from one end to the other contains neither too much nor too little normal contents, whatever they may be.

We are recognizing more and more the relationship between the circulation in the splanchnic area and the general circulation particularly in its relationship to shock and collapse. In other words, the question arises as to whether the patient who is subjected to operation should have a thoroughly emptied alimentary canal or one which may be considered in its normal state. Of course an overloaded bowel should be relieved.

Still more recently the whole theory of intestinal autointoxication has been seriously assailed by more than one writer, and we have on a previous occasion called attention in these pages to the fact that it is doubtful if either bacteria or their products are absorbed in any quantity from the bowel. If they are absorbed, the liver acts as a filter and destructive agent to protect the rest of the body, and if it is functioning no trouble ensues. Perhaps the most recent, and certainly the most forcible,

writer on this subject is Alvarez. He bitterly attacks so-called autointoxication and thinks that nearly always this diagnosis is used as was the old diagnosis of malaria and anemia—as a cloak for ignorance. He is not a believer in so-called stasis as the cause of autointoxication, and he is particularly insistent in his statement that the symptoms presented by many patients who are often neurasthenic are not due to toxins, but to other causes, and that in many instances the symptoms are due to distension of the lower bowel because it is overloaded and not because any absorption of poison is actually taking place.—*Therapeutic Gazette*.

#### THYMOL AND CHENOPODIUM.

Some months ago Dr. McIntire of Indianapolis contributed a paper which contained his experience with thymol. I remember he spoke of the possible danger from its use, yet it had been successfully used by him. The *Therapeutic Gazette* for June quotes from the *China Medical Journal* as follows, relative to chenopodium and thymol. Bercovitz says:

The experience with oil of chenopodium in Kachek has been very favorable. For the second treatment no dietary regulations were observed except the omission of breakfast on the morning of the treatment. In no case was any ill effect noted. The patients even refused to lie down after treatment. The maximum dose used was thirty-six minims, but this can easily be raised to forty-five minims with safety.

The ease with which oil of chenopodium is administered is a strong point in its favor. Not only is time consumed in the preparation of thymol capsules, but the patients do not enjoy swallowing several large (gr. v) capsules. It has been the experience in Kachek that oil of chenopodium is simple syrup was preferred by all who took the chenopodium, and was asked for by a number who were taking the thymol. In an extensive campaign this must be taken into consideration.

Not the least important is the fact that

chenopodium is an energetic agent for expelling not only hookworm, but also round worms. Experiments have not been undertaken as yet to determine which of the two drugs, santonin or oil of chenopodium, is the more effective against the ascaris, but it is believed that little if any difference can be noted between the two. Hence, in view of the almost universal infection with *Ascaris lumbricoides*, and the attendant discomfort and abdominal pain which so frequently accompany their presence in the intestines, the oil of chenopodium performs a very useful function in addition to its anti-hookworm properties.

Thymol has served long and well as the specific for hookworm. There are four weighty reasons, however, why the newer drug must take its place:

1. It is more effective in the treatment of hookworm than thymol, a difference of more than 25 per cent being noted in its favor.

2. It is a safer drug than thymol, a fact of the greatest importance in dealing with conditions in China.

3. It is easy of administration, being economical in time, as well as more pleasant to the patient.

4. In addition, oil of chenopodium is effective as a vermifuge for *Ascaris lumbricoides*, and thus two infections are cured by one remedy.

In conclusion, one point must be noted against chenopodium. At least ten days or two weeks should elapse before a re-examination of the feces is made. It would seem, however, that in an extended and thorough campaign the work would naturally be rather slow, especially if accompanied by an educational campaign in sanitation, and so this factor is not so very important.

#### PRACTICAL THERAPEUTICS.

Nitrate of Amyl. Morrison reports its use as a diagnostic agent in cases of mitral stenosis. It accentuates the doubtful elements in the auscultatory phenomena.

Opium. Macht claims that opium alka-

loids primarily stimulate peristalsis, but that constipation results because of a spastic contraction of the pylorus and ileocecal sphincter, diminution of the enteric secretions, with unimpaired absorptive power of the intestine, which induces hard feces.

Osnato believes that morphine is a cerebral depressant and spinal stimulant.

Parathyroid Gland Extract. Berkeley recommends it in the treatment of paralysis agitans. It is given in capsules or in a special solution hypodermatically. Give small doses and keep up for a long time.

Phosphorus. Phemister believes that phosphorus aids in the repair of fractures, but in chronic non-union cases it is useless. Give the U. S. P. pill.

Pituitary Extract. Authorities are agreeing upon smaller doses and most of them disapprove of the use of the drug in the first stage or to induce labor.

Lipkis reports success in the use of this agent in incomplete abortion. He does not curette or use packing, and he gives rather small doses of the extract.

Conley states that he has never had to catheterize a woman after labor if he had used pituitrin during labor. It is also used in the treatment of diabetes insipidus.

Placental Extract. Several reports have appeared on placental extract without any definite conclusions being reached.

Potassium Iodide. Simon employs the drug intravenously, beginning with small doses and ascending. No untoward results supervened nor did iodism occur.

Proteins. Many cases of asthma are due to protein sensitization, and the protein involved is determined by skin tests. The patient can then be immunized, lasting for some considerable time.

Quinine. Deadrick commends tannate of quinine as the best of the tasteless quinine products. It remains long in the system, is well tolerated by the digestive and nervous systems, is not expensive and gives excellent clinical re-

sults. He gives one grain an hour, usually three grains every three hours day and night.

The intravenous method is coming into favor in resistant forms of malaria. One reason why this method has been slow to gain favor is the fact that its employment has usually been too long deferred.

**Serum Treatment.** Normal beef serum is giving excellent results in the treatment of anthrax, and it is also being used in the treatment of wounds.

Zingher favors the active immunization of all infants between 12 and 18 months of age with three doses each of 10 cc. of the toxin-antitoxin, the injections being given the Schick test, but is not necessary in the cases of babies.

Epidemic poliomyelitis seems to respond well to immune horse-serum secured according to the method of Rosenau. It is used both intravenously and intraspinaly, though the latter method is not without danger. The Flexner anti-meningococcic serum often gives rise to serum sickness, according to Ker.

As to tetanus, the prophylactic serum treatment is established, but the cure of established cases, aside from surgical attention, is as yet rather unsatisfactory.

Scarlet fever seems to yield, often, to serum from convalescent patients, but it should be used early in the disease.

Treatment has done nothing to lower the mortality from pneumonia, or so it would seem, and until we neutralize the toxins of the pneumococcus the death rate is not apt to fall. The results given from existing serums are, thus far, encouraging, but not conclusive.

**Silver.** The internal use of silver salts is growing in favor, as argyria has not been solved.

**Strophanthus.** The intravenous use of strophanthus preparations is often fraught with danger, the dosage given too often being entirely too large. Also the alkaloid preparations are far from uniform in toxicity. In most cases the tincture is to be preferred, but it is frequently given in excessive dosage, thus giving rise to more trouble than does digitalis.

Theocin must be used with great care, as fatalities have resulted from its overuse. Its use as a diuretic is most successful in case with edema.

Turpentine is distinctly gaining in favor in the local treatment of capillary hemorrhage. It is applied on gauze saturated with it and wrung nearly dry.

Yeast is gaining favor in the treatment of chronic non-obstructive bowel conditions associated with cutaneous manifestations and in furunculosis and acne. In acute conditions in the gastroenteric tract is fails.—Medical Council, May, 1919.

#### APOTHESINE AS LOCAL ANESTHETIC.

The *Therapeutic Gazette* calls attention to an article in the *Memphis Medical Monthly* which states that there are many indications that apothesine is gradually superseding cocaine in local anesthetic. This is not said in depreciation of the last mentioned drug, the merits of which are well understood. It must be remembered, however, that cocaine possesses some grave defects. Prominent among these is its toxicity. Furthermore, unrestricted use of the product leads ultimately to the formation of the cocaine habit. Apothesine, which is as efficient as cocaine, has been shown by comparative tests to be far less toxic than the latter. Moreover, it is not subject to the narcotic law, and its use does not eventuate in habit formation. Apothesine produces such complete anesthesia that even major operations are performed under its influence quite as successfully as under cocaine, a fact that furthermore emphasizes the importance of its discovery.

If our readers are not acquainted with Apothesine it might be well to say something more concerning it. I have used it with success and it possibly has another avenue of usefulness. It is not prepared in  $\frac{1}{4}$ -grain tablet form and seems to relieve hyperemesis. It seems to be useful in any gastric disturbance and especially when there is nausea or vomiting.

Apothesine is the hydrochloride of gamma-diethylamino-propyl cinnamate. It occurs in the form of small white crystals having a melting point of 137 deg. C. It is readily soluble in alcohol, slightly soluble in acetone and ether, and very soluble in water. It is quite stable and will keep indefinitely if reasonably protected. The solution in water is neutral to litmus. It is precipitated from solution by alkalies and by the ordinary alkaloidal reagents. If desired, the solution may be sterilized in the usual manner by heating to the boiling point of water. The best results are insured by the use of freshly prepared solutions.

Physiologic tests warrant the statement that Apothesine is as efficient as any other synthetic local anesthetic; indeed, it is more potent than most of them. It is much less toxic than cocaine. It is not a derivative of cocaine and its use does not induce "habit" formation. Its toxicity is quite low compared with that of similar anesthetics in general use; compared with cocaine the contrast as to toxicity is much more striking.

S. E. EARP.

#### THE SO-CALLED SOLUTION OF MERCURY BENZOATE FOR HYPO- DERMIC INJECTION.

E. Leger (Bulletin de l'Academie de medicine, April 15, 1919) states that mercury benzoate, which is practically insoluble in water, can be brought into solution only by the addition of certain neutral salts, such as sodium chloride. Chemists have definitely shown, however, that in such a solution the mercury is no longer present as the benzoate, but as the bichloride, the two salts having reacted to form mercuric chloride and sodium benzoate. The amount of sodium chloride required to bring into solution one gram of mercury benzoate is .25 gram, and the amount of the resulting bichloride is .589 gram. Such a solution, however, when made with 100 grams of water, causes pain; but Gaucher found this drawback could be entirely overcome by increasing the amount of sodium chloride from .25 to 2.5 grams.

This is perhaps due to the fact that solutions of bichloride which coagulate protein lose this property when sodium chloride is added. For over eighteen months the following formula was used:

R Hydrargyri chloridi corrosivi  
0.6 gram  
Sodii chloridi puri 2.25 grams  
Sodii benzoatis 0.7 gram  
Aque destillatae  
q. s. ad 100.0 mls

Flat solutio.

—New York Med. Jour., July 12, 1919.

Two years ago when Dr. Koch was my assistant at the Indianapolis City Hospital we used with success the following formula with success, and it is now used in my clinical work at the hospital:

Mercury benzoate 2.00  
Sodium chloride 2.50  
Water dist. q. s. ad 100.00

M. S. Dose,  $\frac{1}{2}$  to 1 c.c.

S. E. EARP.

#### EYE DISEASES IN THE GENERAL PRACTICE OF MEDICINE.

Of all the specialties in medicine, do you believe that there is any other so utterly self-sufficient and so remote from the interests of general practitioners as that of the eye? If you do, you would have received a shock had you attended the meeting of the Ophthalmic Section of the American Medical Association at Atlantic City and heard the opposite proposition propounded, that of all the specialties the one most closely correlated to the general practice of medicine is that of the eye. To be sure, eye men have long insisted that they could be of more help to the general practitioner than they generally are, and are often asked to speak before medical societies and tell how. Usually the hearers fail to obtain a great deal of benefit, as the remarks are apt to be rather superficial and not to delve deeply into the intimate connections talked of so freely. But several of the papers at the meeting were not of this nature, and might well have been presented before a mixed assemblage of practitioners devoted to various departments of medicine, not excluding

the dentists, and including those of us whose interests are not limited to the vagaries of any one organ or set of organs.

The first paper on the list was read by an internist, who urged the need of co-ordinate action on the part of both ophthalmologist and internist in the study of neurotic patients, not only as regards the determination of certain symptoms and their bearing on diagnosis, but also in the formulation of treatment, even when a part of the treatment consisted of the fitting of glasses. Think of that. An internist so impressed by the effects of attention to the eyes upon patients under his care as to cause him to appear before a body of eye doctors and plead for a greater degree of mutual help. Needless to say he was cordially received.

Similar in effect, though not confined to neurotic cases, was a paper on Group Study, a Necessity in Ophthalmic Research. Some of the sentences from this paper present the patient's point of view remarkably well. "People do not come to us in large numbers simply because they cannot see as well as they think they should, but they come to us because they are sick and expect us to help locate the source of their malady. They are justly impatient when, after having completed our examination of the eye, we consider our work as finished, whether we have aided them or not in arriving at such an understanding of their condition as will again restore their bodily health." Co-operation was again the keynote. It would not be wise, even were it possible, for the ophthalmologist to try to become versed equally in other branches of medical science, nor for the internist to try to master ophthalmology. Better for each to remain a master in his own line and for the two to combine their skill for the betterment of their patients. The same idea prevailed in the paper on Relation of Teeth, Tonsils and Intestinal Toxemias to Diseases of the Eye, in the discussion of which an internist spoke of having cured large numbers of deep-seated inflammations of

the eye by means of treatment directed to the intestinal tract.

These papers were convincing and brought home the fact that affections of the eye are interwoven with those of almost if not quite every other organ in the body in a most complex and intricate way. The commonly held idea that the specialty of the eye is aloof from the other branches of the practice of medicine is absolutely wrong. There is no specialty more intimately concerned in the diagnosis, management and treatment of diseases of other organs, and there is no organ more responsive to diseases elsewhere than the eye.—New York Medical Journal, July 12.

#### THE DOCTOR'S HEAVEN.

Then the angel and the doctor  
Started up to glory's gate,  
But when passing close to Hades  
The angel whispered, "Wait,  
I've a place I want to show you,  
It's the hottest in all hell,  
Where the ones who never paid you  
In eternal torment dwell!"  
And behold, the doctor saw there  
His old patients by the score;  
Then, grabbing up a chair and fan;  
"I wish for nothing more,  
I'm content to sit and watch them  
As they sizzle, singe and burn.  
May I crank the spit a little,  
Give each one another turn?"  
Said the angel, "Come on, doctor,  
There are pearly gates I see."  
But the doctor only murmured,  
"This is heaven enough for me."

—Staff News.

Charles Reade, the novelist, was credited with having named a dog tonic, because it was a mixture of bark, steal and whine.—Medical Pickwick.

The title of Doctor was invented in the twelfth century, at the first establishment of the universities. William Gordenia was the first person upon whom the title of Doctor of Medicine was bestowed. He received it from the college at Asti, in 1329.—Med. Surg. Rep.

## MEDICAL MISCELLANY.

### DEATHS OF ABRAHAM JACOBI AND NATHANIEL BOWDITH POTTER.

The Journal of the American Medical Association for July 19 has a good likeness of Dr. Jacobi, and we take from this source a resume of his life record.

Abraham Jacobi of New York City, for more than sixty years one of the most notable figures in American medicine, president of the American Medical Association in 1912-1913, died suddenly at his summer home, Lake George, N. Y., July 10.

Dr. Jacobi was born at Hartum, Westphalia, Germany, May 6, 1830. He studied at the Universities of Greifswald and Gottingen, graduating from the University of Bonn in 1851. He was intimately identified with the German revolutionary movement in 1848, for which he was imprisoned for two years under a charge of high treason. In 1853, while under sentence, he escaped to England and attempted medical practice unsuccessfully at Manchester, and then migrated to America, setting first in Boston and later moving to New York City. In 1860 the New York Medical College established the first professorship of diseases of children and invited Dr. Jacobi to accept this chair. This position he held until 1864, when he accepted a similar position in the University of New York. In 1870 he became professor of pediatrics in the College of Physicians and Surgeons, holding this position for twelve years and retiring as emeritus professor.

During a long career Dr. Jacobi held practically every honor which the medical profession can give to its members. He was twice president of the American Pediatric Society and the first chairman of the Section on Diseases of Children of the American Medical Association. He was president of the Association of American Physicians in 1896; of the New York State Medical Society in 1882; of the New York Academy of Medicine from 1885 to 1889. He was a member

and officer of many medical societies both here and abroad. As a contributor to medical literature he is perhaps best known for his work on the intestinal disturbances and the therapeutics of infancy and childhood. His most important papers, monographs and addresses were assembled some years ago in eight volumes in the *Collectanea Jacobi*.

Dr. Jacobi was actively interested in his profession up to the moment of his death; thus at the age of 88 years he attended the annual session of the Association in Chicago and was a conspicuous figure at all of the meetings. Throughout his life he was associated with eminent men, and numerous anecdotes tell of conversations with his early friend, Carl Schurz, of meetings with William Osler, Austin Flint and many other noted statesmen and physicians. Although a German by birth, Dr. Jacobi was an ardent American. One of the most significant tributes of his life was the urgent invitation extended to him, October, 1893, to become professor of pediatrics in the University of Berlin, and this position he refused with the historic words, "I was, I am, rooted to the American profession that I have observed to evolve without governmental aid out of its own might to become equal to any on the globe."

Dr. Jacobi was perhaps equally well known as a great citizen. He was a formidable opponent of prohibition and an ardent advocate of birth control, and in every other matter of public interest he was a conspicuous character.

On the occasion of his seventieth birthday and each year since he was especially honored by the medical profession.

Dr. Jacobi was in good health up to but a day before his death. In September, 1918, he had a narrow escape from death when his house at Lake George burned. This year, on his return to Lake George, he occupied the residence of his great compatriot, Carl Schurz, and it was in the house of this famous advo-



cate of human freedom that the great and beloved physician died.

#### Death of Dr. Potter.

Nathaniel Bowditch Potter of Santa Barbara, Cal., graduated from Harvard Medical School, 1896, and died at his home, July 4. His age was 49. He was one of the best internalists, a medical school teacher and at the head of St. Mark's Hospital, New York City. He was also connected with several state hospitals at Santa Barbara Clinic for the Treatment of Nephritis, Gout and Diabetes. He was a member of the New York Academy of Medicine and the American Medical Association.

In June we received a number of reprints from Dr. Potter and some comment was made in the May issue of the Indianapolis Medical Journal. Our attention was particularly given to Streptococcus and Oral Sepsis; Human Glands; Medical Supervision of Athletics Among Boys at Boarding School; Typhoid Spine; The Treatment of Four Severe Generalized Streptococcus Infections with the Combined Employed of Anti-streptococcus Serum and Autogenous Vaccines; Sahli's Pocket Sphygmometer; The Vicious Circle in Oral Sepsis; Salvarsan in the Treatment of Double Infections, Tuberculosis and Syphilis; Cardiac Hypertrophy as Observed in Chronic Nephritis.

In the latter subject he said that probably many poisons affect both systemic arteries and kidney structure, and the same poisons very likely also irritate the heart muscle itself and so assist in the production of hypertrophy of its fibers. The frequent occurrence of aseptic pericarditis argues in favor of a direct toxic action on the heart. Hypertrophy has been noted in scarlet fever in four weeks. He said that the beneficial action of potassium iodide in arteriosclerosis and nephritis is now credited to its action in diminishing the viscosity of the blood.

There here seems to be an explanation of a condition to which I called attention, but not suggesting a solution, why the autopsy did not always verify the bedside

findings. Both Dr. Oertel's impression and Dr. Potter's agree that in many of these cases of atrophic and normal sized hearts, patients come to autopsy in a very poor state of nutrition. Three explanations suggest themselves:

1. That the patient's power of nutrition was unequal to produce an hypertrophy.

2. That the disease developed too severely and suddenly to permit any such hypertrophy.

3. That the heart was originally hypertrophied and had become later trophic.

The last explanation was illustrated because of the co-existing atrophy of other organs.

The reprint on Ulcerative Angina is interesting as an occasional early symptom in typhoid fever.

There are two more of cardio-vascular interest. Diet in Cardiac Insufficiency, Some Clinical Examples of Low and Lowered Systolic Blood Pressure. We should have mentioned that the reprint on athletics has Dr. James Taylor Harrington as a co-author.

Dr. Potter edited the first edition of Sahli's Diagnoses and Arner's Therapeutics. Dr. Potter was born in Keesville, N. Y., in 1869. His death was due to tuberculosis.

We have taken a keen interest in Dr. Potter and always received profit by reading after him. So recently as June 21, 1919, the writer received a letter from Dr. Potter's secretary, Gertrude Lewis, stating that Dr. Potter had instructed her to say that he would prepare an article for the Indianapolis Medical Journal.

Dr. Potter died at a time when his usefulness was far from being at an end, in the prime of life and in the possession of a storehouse of knowledge.

S. E. EARP.

#### SUNNYSIDE SANITARIUM.

Two hundred and seventy-four patients were admitted to Sunnyside, the Marion County tuberculosis sanitarium at Oaklandon, from September 1, 1917, to December 3, 1918, according to the official

report recently issued. Of this number 202 had been discharged at the time the report was compiled. Two hundred and fifty of the patients were from Indianapolis.

Interesting statistics in regard to ages are contained in the report. It shows that ninety of the victims were between 20 and 30 years old, fifty-eight were between 30 and 40 years and thirty-eight were between 11 and 20 years.

Housewives and domestics formed the largest class affected, sixty-two of them being admitted. Skilled and unskilled workmen fell victims alike, forty-six of each being patients. Fifty-one school children were given treatment.

The report shows that the Sunnyside Fresh Air School, which began September 9, 1918, with Mrs. Louise Mahan as teacher, has had excellent results. At the first semi-annual examination held in January one-third of the pupils had markings of from 90 to 100 per cent and only five failed.

From October 22, 1917, to January 1, 1919, the special service nurse made 2,864 official visits.

Each patient cost \$1.49 a day, according to the report. The total operating expense was \$46,517.40.

#### ACCIDENTS ON DECREASE IN INDIANAPOLIS.

There are fewer street accidents in June by one-third than in May, according to figures presented in Chief of Police Coffin's current report. There were 137 accidents reported to the police during June, as compared with 206 in May. Of this number four were fatal, thirty were serious and 103 were of minor nature. With an idea of finding where the points of greatest danger are located, Chief Coffin has had a map prepared upon which are designated the number and location of all accidents. This was begun in May, and it reveals that approximately 50 per cent of the street accidents happened in the downtown district. During May there were nine at Washington and Pennsylvania streets and five at

Washington and Meridian. This was called to the attention of the traffic policemen, and the decrease in accidents during June is attributed partly to the closer supervision given traffic at these points. This plan of using a map is working so satisfactorily that Chief Coffin has started another for robberies and holdups.

#### ! TWO PICTURES.

There are two pictures that deserve to be filed in the archives of Indiana history, and these were a part of the welcome home celebration of the soldiers on May 7. One was the living Red Cross, taken at the Soldiers' Monument. It consists of the Red Cross workers of Indiana. The ovation given by the soldiers was wonderful. This cross could be seen as the soldiers passed through the great white arch. The scene was rare and beautiful. Those who formed the red of the cross wore red vells and the others wore white ones. All were in regulation uniform. The background consisted of the monument and pillars, with festoons of green. There will be no such picture again. There were 1,453 in the group.

The other picture consisted of the physicians who were members of the Medical Corps, and was taken with the Methodist Hospital as a background. There were physicians who had done their part in practice for fifty years, young men whose diplomas were a few days old only, students from the Indiana University School of Medicine, all the ambulances in the city, and last, as a finale, but not least in importance, forty-nine nurses in their regulation uniforms. There were 181 persons in the picture. The picture is 46 by 10 inches, and will grace any doctor's office. These two pictures go down in the history of the war, giving the greatest credit to Indiana, by a few of the many thousands who did their bit, and loyally to their God and country helped as an integral part to win the war.

**OVERCHARGING FOR PRESCRIPTIONS BY DRUGGISTS—INDIANAPOLIS MEDICAL SOCIETY TAKES ACTION.**

At the last regular meeting of the Indianapolis Medical Society, July 17, 1919, a resolution was passed condemning the overcharging for filling prescriptions. A committee, composed of Drs. H. O. Pantzer, David Ross, T. Victor Keene, Ralph Chappell and H. E. Gabe, was appointed to investigate instances of alleged overcharge. This committee requests that any physician having instances in his practice where patients have been charged exorbitant fees for filling of prescriptions report the same to any member of this committee, who will take proper steps to secure appropriate action regarding same.

**COMMITTEE.**

Each member of the Society has been sent a copy on a postal card of this notice.

In politics if a voter does not go to the primary he must not object to the candidates who are selected, so physicians who know of unwarranted charges that have been made by druggists should report the same to the committee or hold their peace.

**BOARD OF HEALTH ITEMS.**

The Board of Health accepted the resignation of Miss Ivadell Beam, who has been chief clerk of the City Hospital for seven years, and Miss Margaret Hoggins, second clerk, was elevated to chief clerk. The resignation of Dr. J. M. Robinson, resident surgeon at the hospital, was accepted, and Dr. Ray Ikins, an interne, was appointed in his place. The resignation of Dr. J. C. McKain, Dr. William Miller and Dr. O. L. Stevens, all internes who had completed their courses, also were accepted.

Dr. Homer H. Wheeler, who had been in the army medical corps, was reappointed on the gastro-intestinal staff of the City Hospital from July 1 to December 31. Dr. A. T. Custer was appointed an alternate on the same staff. Dr. K. L. Craft was appointed an alternate on

the ear, nose and throat staff, and Dr. E. J. DuBois, city bacteriologist prior to entering the army, was reinstated.

Dr. J. Don Miller, an alternate on the City Hospital medical staff, was transferred to an alternateship on the pediatric staff during July, August and September.

Hugh Gowdy was appointed a food inspector for the health department. The board accepted the resignation of J. T. Jones, assistant plumbing inspector, and abolished the office. The work will be done now by the chief inspector, L. H. Swalm.

The board averted a threatened walk-out of the dining room and ward maids at the City Hospital when they voted to increase their salary from \$20 a month to \$25.

Dr. W. D. Gatch, president of the Board of Health, was reappointed recently for another four-year term by Mayor Jewett. Dr. Gatch is surgeon at the Long Hospital and a member of the Medical College faculty.

Drs. Orville Smiley, J. D. Garrett and Harry Gabe assisted in caring for the sick during the Shrine convention.

Dr. H. G. Morgan has issued an order for a general "clean up" of the city.

The ambulance force and hospital nurses rendered splendid service during the Shrine Mardi Gras.

**DEFORMED INFANT THROWN ON CITY DUMP—DOCTOR INDICTED.**

Dr. F. W. Krueger of Richmond, Ind., was indicted July 18 on a charge of involuntary manslaughter for throwing John Smith, a deformed infant, who was still alive, on a city dump a fortnight ago.

The indictments, in three courts, charge Dr. Krueger with the inflicting of mortal wounds that caused death; with throwing the newly born infant down a steep embankment on the city dump; with neglecting to tie the umbilical cord and permitting the child, wrapped in cloth and newspapers, to lie for nine hours on a bureau in the home of its parents, Mr. and Mrs. Louis Smith, and

with carrying the infant for eight hours in his automobile before he hurled the bundle on the rubbish heap.

A woman and two children, who saw the physician hurl the bundle on the dump, discovered the live child. Dr. Krueger in a statement said he believed the child was a monstrosity and would have died anyway. His statement to the effect that when he was health officer he had advised other physicians to dispose of deformed children in this manner prompted an investigation by the grand jury to ascertain if the practice was common among Wayne County physicians. Fifteen were before the grand jury in this case.

The report of the grand jury on that point reads: "Investigation has been made by the grand jury, both by examination and witnesses before the grand jury and otherwise, of certain rumors and statements to the effect that children have been born in Wayne County and that no return of death has been made, but in case of the death of such children their bodies have been disposed of surreptitiously without making any proper returns to the health authorities either of the birth or of the death of such children. The grand jury finds that there is a complete lack of evidence indicating that any such offense has ever been committed in said county, except one case which has been investigated by said grand jury and an indictment returned therein."

Dr. Krueger was bound over to the grand jury by Coroner S. Edgar Bond, on a charge of criminal negligence in treating the infant.

When he was examining physician of the conscription board Dr. Krueger was forced, under the pressure of public opinion, to hand in his resignation following alleged pro-German statements. Two members of the conscription board threatened to resign if he were not removed.

#### FACTS RECOGNIZED.

Casper L. Redfield has been a frequent contributor to the Indianapolis

Medical Journal, and his articles have always met a welcome not only because there was something different in them, but it could be seen that the author was making an effort to prove certain things concerning heredity.

He began to write for medical journals about three years ago, and it seemed that the ideas set forth by him were not accepted. There has been some change in the general trend of opinion, and we are glad to have placed some of his information before the public. How the position of Mr. Redfield is now regarded will be shown by the following short notations:

"A bushel of sense."—Prof. Henry B. Ward, University of Illinois.

"You are on the right track."—Dr. John C. Hemmeter, University of Maryland.

"More power to your elbow."—Prof. R. M. Wenley, University of Michigan.

"Not only admirable, but helpful."—Prof. Jacob H. Hollander, Johns Hopkins University.

"I agree with all of your statements."—Dr. Charles W. Richardson, George Washington University.

"You have well established your claim."—Dr. Julius Rosenstien, San Francisco.

"You are producing a very strong argument in support of your thesis."—Charles A. Lory, president of Colorado Agricultural College.

"You have completely fascinated me with your facts and the way you handle them."—Rev. F. W. Gunsaulus, Chicago.

"You have tackled a large job, but you are rapidly overcoming the inertia of the matter now."—Luther Burbank, Santa Rosa, Cal.

"A new method of race betterment which commends itself to the intelligence and common sense."—Dr. J. H. Kellogg, Battle Creek, Mich.

"You are presenting an exceedingly suggestive point of view."—Frederick L. Hoffman, Newark, N. J.

"I feel prompted to express my appreciation of the interesting point of view contained in your contributions."—John

Treadwell Nichols, American Museum of Natural History, New York.

"You have so much the best of the argument that I cannot see how the biologists can persevere in their blindness."—Arthur Benington, New York World.

"You know how highly I value your work, and of what fundamental importance I think it in biology and medicine."—Dr. Martin H. Fischer, University of Cincinnati.

"Your facts will have to be taken into consideration by the biologists, and the old dogma modified in accordance with them."—Prof. John M. Gillette, University of North Dakota.

"The skillful way in which you have reduced some of our biological concepts to as many types of *Reductio ad absurdum* makes me think that you would be the person to attack the job."—Prof. Edwin D. Starbuck, University of Iowa.

#### DOCTORS' WAYSIDE STORIES.

Collected by Jane Janus.

##### A True Nature Lover.

During a hot July day, a few miles beyond New Ross, Ind., Dr. Samuel Peacock stopped his machine in the shade of an honest oak tree by the side of the road and pointed to an old homestead partly screened by soft maples. In an editorial on books in a recent number of *The Journal* mention was made of William Cullen Bryant and John Ruskin communing with nature. Here is a case in point, he said. Just beyond those maples is a mammoth hackberry tree and around it is a winding stairway leading to the top, where there is a platform and where the foliage is dense a part of it has been cut away, looking like imaginary portholes. This was the outdoor den of the late resident, and here he read, sometimes slept, and listened to the songs of the birds. In the little valley a hundred yards distant you see in the midst of a small natural lake a building resembling the judges' stand at the fair grounds, with a cupola. The water is like that of any frog pond. It contained hundreds of frogs and some

fish, and the old man spent many hours in his little castle listening to the bass tones of the frogs and the music of the night birds. This man was happy in his love of nature and his mind was a storehouse of knowledge concerning the beautiful outdoors. He had an idea, and it led him to the altar of the sunrise, the sunset, and his communion with nature was a part of his religion, which is trustworthy and godlike. The old man had an appreciation for nature not possessed by the average man. He was not a recluse and he was not eccentric, unless you say this of Bryant and Ruskin. He saw God in nature everywhere.

##### Undaunted by Mishaps.

Dr. Charles P. Emerson, dean of the Indiana University School of Medicine, said to a friend: Sometimes I think I have been fairly fortunate since using an automobile, and yet the mishaps of the past year might cause some persons to think the other way. After several minor accidents, a colored woman ran into my machine and broke her hip. Twice when I was following close behind a large moving van I was notified to appear in court for speeding, and the last was the climax. My auto has been stolen twice. I was called to a nearby town and left my machine near the Union station and took the steam car. When I returned I found one horse of a runaway team got his front feet fastened in the radiator of my machine. You can guess the rest. Oh, yes, I carry all kinds of insurance.

##### Safe Nux Vomica.

A dispensary physician was called to see a patient who had taken an ounce of *nux vomica*. Some antidotal medicine was given and after a long wait the young doctor saw no symptoms indicating that the drug had been taken, although it was some hours before he was called. To a question the patient said: "Our doctor, who is a homeopath, left the medicine." A telephone message was sent to the doctor, who replied "to double the quantity would do no damage, but you might add water to it and make

it stronger." So the jovial homeopath allayed all fears.

#### Farmed by the Moon.

A farmer near Franklin, Ind., was known to be honest. He worked hard, but did not seem to get ahead. He asked Mr. Batchelor, the druggist, for an almanac, saying, by way of apology: "I plant and reap by the moon and stars." Dr. Carl F. Payne, who was a bystander, suggested: "If you will farm the ground instead of the moon and stars you will be more successful."

#### A MISFIT MOTTO.

Dr. J. O. S. lives in a palatial residence on North Meridian street, but for a short time he owned a dwelling house on North Pennsylvania street. On the afternoon of the second day, when wrestling with the furnace problem, with black face and hands, and with arms akimbo, he observed a street urchin entering the front door with an armful of motto cards.

He handed one to the doctor. It read: "God bless our home." "Say, boy," said the doctor, "if you have one that has a swear word for bless and the word furnace instead of home, I will buy a dozen of them."

#### Automobile Bulk.

Dr. E. O. Price of Ladoga, Ind., was admiring his three-day-old runabout, which stood in front of his residence. A friend asked him: "What do you think of it, doctor?" "Well, I must illustrate by an expression I heard today. A nearby farmer during his present sickness has had the third doctor, and he said the doctor charges a little more, but I get larger doses of medicine. So with the larger machines. The engine may be the same, but people are looking for bulk. I am afraid small and cheap machines means cheap material."

Dr. Price, who is always in a pleasant mood, continued: "In that house you can see partly hid among the trees is a neurasthenic old man who employed for several months an itinerant doctor, who

was given a note in payment for a course of treatment. There were enough medicine bottles to fill a bushel basket. I was called and prescribed for the old man, and there beside the bed were enough half-filled bottles for a small apothecary shop. After I gave my directions the patient leaned toward a stand, brought down his fist with a forcible blow, and in a loud tone of voice exclaimed: 'What shall I do about my large stock of medicine here? Don't you know I have paid for it?'"

#### \* RADIUM AND AN EDITORIAL ABOUT IT.

July 9, 1919.

Dr. A. W. Brayton,

Editor Indianapolis Medical Journal,  
Indianapolis, Ind.

Dear Dr. Brayton—Through the kindness of Dr. T. C. Kennedy of Indianapolis I have received a copy of The Indianapolis Medical Journal, containing an editorial by yourself, entitled "Radium Substitutes and Discovery by a Former Butler College Professor," in which mention is made of radium production as reported by myself. I regret to note several errors, to which I take the liberty of calling your attention. I am inclosing a reprint of the article in Science, from which you will note that the 13.6 grams of radium were produced by the Standard Chemical Company during the year 1918, there being no available definite statement of the radium produced by others in this year. My estimate as to the total yield of radium from carnotite is 500 grams in place of grains.

The reported discovery of mesothorium by Dr. Moore is the result of some misguided newspaper publicity, disclaimed both by Dr. Moore and the Bureau of Mines. Mesothorium was discovered many years ago by Hahn of Berlin.

In this country the first mesothorium, so far as the writer is aware, was prepared by Professor H. N. McCoy of the University of Chicago, this work forming the basis for the writer's doctoral dissertation, a copy of which is sent un-

der this cover. Dr. McCoy has since left the University of Chicago, and, among other positions, fills that of technical director for the Lindsay Light Company, and through this connection for the past several years he has been preparing mesothorium on a commercial scale.

In the interests of fairness and accuracy might it not be well to make a note of correction along the lines which this would suggest?

Very truly yours,

CHARLES H. VIOL,

Director.

P. S.—It's all among Hoosiers, anyhow. Dr. McCoy was born in Richmond, and is a Purdue graduate. Lafayette is my home town, and Purdue my alma mater!

C. H. V.

#### NEWS ITEMS.

Dr. E. L. MacCoy, age 38, formerly of Columbus, Ind., fell dead in Gary July 17. He was a son of Dr. George MacCoy of Columbus, and served for several months overseas as a first lieutenant in the army medical corps.

After returning to the United States he visited relatives in Columbus and then went to Mitchell, the home of his wife's parents, where he practiced medicine. He was in Gary on a business trip, and fell in front of a drug store.

Dr. Bryan Barlow, age 30, associate medical director of the Lincoln Life Insurance Company, of Fort Wayne, Ind., was killed at Walker, Minn., when an automobile in which he was riding turned over. His neck was broken.

Dr. Barlow went to Walker recently to attend a meeting of state agents. He was riding in an automobile with the son of a Minnesota agent when the car struck a rut, turned over and rolled down a fifteen-foot embankment. Dr. Barlow was pinned beneath the car. The driver was not injured.

Dr. Barlow was a graduate of Johns Hopkins and after a year of post-graduate work located in Fort Wayne in July, 1916. He leaves a widow and two small children.

Dr. J. N. Hurty of the State Board of Health has been seriously sick as a result of overwork and some cardiovascular lesion. Dr. Hurty has been prominent in health affairs of the state for many years.

Dr. Elmer Funkhouser, who was a captain of Base Hospital No. 32, is now an assistant in pathology in the University Medical School and will do general practice, with office at Thirty-second street and Central avenue.

Dr. Funkhouser, upon his return, married Margaret L. Gerin, a graduate of the City Hospital Training School for Nurses.

Dr. G. C. Graves, formerly assistant superintendent of the Indianapolis City Hospital, has accepted a position at Mt. Pleasant Hospital, Mt. Pleasant, Iowa.

Dr. W. D. Little has been appointed assistant in the surgical department of the University School.

Dr. Frank H. Riley, of Linnsburg, Ind., was a visitor in Indianapolis in July.

Dr. H. L. Fullenwider and family summered at Lake Tippecanoe.

Dr. George S. Bond and family spent a month at Lake Torch, Mich.

Of the office force at the college, Robert E. Neff went to Walloon Lake, Martha Hill, Wawasee Lake, and Maud Walters will permanently change her residence to Tulsa, Okla.

A souvenir postal states that Dr. C. R. Strickland has gone on a pleasure trip East as a "post-army-rest-cure."

Dr. E. N. Kime on a postal says: Have been in charge of a laboratory in a contagious hospital at Savenay, France. Arrived in New York on S.S. Leviathan. Just missed a mine by thirty feet, two days out. The grandest view in the world is the sky-line of New York City.

as seen from a transport headed westward. Am more than glad to get back to home and friends once more.

Dr. Kime has opened an office at 617 Hume-Mansur building.

Dr. O. C. Adkins, who was captain in U. S. service, was at Ft. Harrison, Camp Funston, Kas., and in France eleven months. Dr. Adkins was located at McCordsville before he entered the army. He has returned, but has not selected his location.

Dr. E. J. Dubois, who was a major in the army, has been elected president of the local union, *Fraternelle Francaise*.

Dr. and Mrs. F. C. Walker have returned from an extended motor trip to French Lick.

Dr. Carl Habich has been released from army service and will resume the practice of medicine in Indianapolis.

Dr. W. F. Hughes has returned from Lake Tippecanoe.

#### EXTRACT FROM ESSAY ON "DUST."

"Remember, man, thou art but dust—Ah! but dust, remember 'thou hast been Sun, and Sun thou shalt become again—Thou hast been Light, Life, Love;—and into all these by ceaseless cosmic magic thou shalt many times be turned again! For this Cosmic Apparition is more than evolution alternating with dissolution; it is infinite metempsychosis; it is perpetual palingenesis.

"Suns yield up their ghosts of flame; but out of their graves new suns rush into being. Corpses of worlds pass all to some solar funeral pyre; but out of their own ashes they are born again.

"This earth must die; her seas shall be Saharas. But those seas once existed in the Sun; and their dead tides, revived by fire, shall pour their thunders upon the coasts of another world. Transmigration—transmutation; these are not fables. What is impossible? Not the

dreams of alchemists and poets, dross indeed may be changed to gold, the jewel to the living eye, the flower into flesh.

"What is impossible? If seas can pass from sun to world, from world to sun again, what of the dust of dead selves—dust of memory and thought. Resurrection there is—resurrection more stupendous than any dreamed of by Western creeds—Dead hearts will live again as surely as dead suns and moons—"

—Selected by S. E. E. from *Japanese Letters of Lafcadio Hearn*, by Elizabeth Bisland. Houghton, Mifflin Co.

#### OVERSUPPLY OF AMMONIA SULPHATE.

A trade paper says of ammonia sulphate: "The release of the supply of Chilean nitrates for commercial purposes already is tending to restrict the consumption of sulphate of ammonia. As long as the war prevented fertilizer manufacturers from obtaining their supplies of nitrate, there was a heavy demand for sulphate of ammonia as a substitute, and this demand, combined with the huge requirements of the government, resulted in a greatly increased output of sulphate. In view of the fact that Chile again is available as a source of nitrates for the manufacture of fertilizer, demand for sulphate of ammonia has slowed up markedly and there is a well developed tendency toward accumulation of supplies."

Dickens's books, as everybody knows, were originally issued in what we should call now a tantalizing and peculiar way, and one often wonders what would be the effect on a modern popular novelist's fame if his readers had to wait patiently from one month to another for the instalments of his latest work, and when it was finished discover that the novel had cost him twenty shillings. That was what really occurred in Dickens's day. Most of his books were issued in twenty monthly parts.—*T. P.'s Weekly*.



## BOOK AND JOURNAL REVIEWS.

**Diet in Health and Disease.** By Julius Friedenwald, M. D., Professor of Gastro-Enterology in the University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore; and John Ruhrah, M. D., Professor of Diseases of Children in the University of Maryland and College of Physicians and Surgeons; Baltimore. Fifth edition, thoroughly revised and enlarged. Philadelphia and London: W. B. Saunders Company. Octavo of 919 pages. Cloth, \$6.00.

This is the fifth edition, and no doubt it will be received with a merited appreciation, as has been true with those which have preceded it. Every practitioner and surgeon knows the importance of a study of dietetics and the question of nutrition is the one whose study will often prove the main point in the treatment of disease. Much of the literature on these topics abounds in fads and fancies, and we fully appreciate a book that contains the genuine product, as this one does. We find all that need be said about the composition of foods, the various diets and, too, practical directions and diet lists.

Since the last edition the authors have collected a large amount of new material, and it may be found in this edition. I especially refer to the vitamins, amino-acids, acid and alkali content of food, relation of food to skin surface, milk standards, food allergy, Sippy's diet in peptic ulcer. The latter topic was taken up at length a short time ago in an article in *The Indianapolis Medical Journal* by Dr. W. H. Foreman of Indianapolis, who made a study of this subject under the guidance of Dr. Sippy in Chicago. There has been rewritten sections on infant feeding, rectal feeding, diabetes, obesity, acidosis, the Karell cure, renal diseases, pellagra and the deficiency diseases.

The eighteen pages which take up the diet in diseases of children and further on the feeding in infectious diseases are especially worthy of mention. What a benefit it would be to our patients if they

would follow what is here suggested relative to diseases caused by errors in diet! And if we become conversant with what the authors say about animal and vegetable foods, fruits, nuts, tea, alcohol and water, how much more wholesome our advice will be to our patients. For the general practitioner, or, in fact, any one who expects a cure in medicine or surgery, there is no more important book than this one.

S. E. EARP.

**Gynoplastic Technology, with a Chapter on Sacral Anesthesia.** By Arnold Sturmdorf, M. D. Clinical Professor of Gynecology, New York Polyclinic Medical School, Visiting Gynecologist, New York Polyclinic Hospital, etc. Illustrated with 152 half-tones and photo-engravings in the text, some in colors, and 23 full-page plates, with 35 figures, all in colors. F. A. Davis Company, publishers, Philadelphia and London, 1919. Price, \$5.00, net.

This book includes an elaborated compilation of the author's previous publications on the various phases of gynoplastic technology. Each topic is presented in monographic form. The operative procedures are given in detail and well illustrated. After a resume of general principles, operative work is carefully taken up, then tracheloplasty, endocervicitis, treatment of sterility, perineorrhaphy, etc.

Fistula, cystocele, cancer, congenital malformations are topics well considered and these are but a few that are of great value found in the text. In the operation for malformation the method of Schubert is given in detail. The distinct clinical types of cancer are carefully presented, and here, as elsewhere, the colored plates are not only a work of art, but a wonderful help in giving the proper understanding of the subject.

The chapter which concerns the mechanism of interpelvic visceral support is by far not the least in importance. When it is of importance we find reference made to the histopathology of the

subject, which is of great value. The plates which are made from the microscope slides not only furnish information when reading the subject matter, but for reference we can hardly estimate the worth of it. It will often prove a help in making a diagnosis, and one can determine when a case is operable. This book is a splendid one on the subject.

E.

**A Manual of Exercises for the Correction of Speech Disorders.** By May Kirk Scripture, B. A., and Eugene Jackson, B. A. Illustrated. Philadelphia, F. A. Davis Company, Publishers. English Depot, Stanley Philips, London, 1919. Price, \$2.00, net.

This book on speech disorders not only has reference to stammering, lisping and cluttering, but to the negligence of speech in general. The majority of the English-speaking race are careless in the way they utter their words; they let their voice become shrill and speak too rapidly. This book is full of the practical exercises and methods used in clinics, such as colloquial English, simple proverbs, poems and stories. Trick sentences have been avoided, and only the kind that the pupil hears and uses every day.

The speech mechanism has been divided into four constituents—breathing, phonation, articulation and thinking. Exercises are not only provided for each of these, but also for bringing about a proper co-ordination of the four.

The authors of this book show the importance of relaxation. If any part of the body is cramped or stiff, it interferes with distinct enunciation, indicating that the mind itself is not at ease. There are splendid exercises for relaxation, also an illustration showing the correct standing position.

One of the main essentials in the correction of speech disorders is the breathing, for without air we can not speak nor live. The air we breathe furnishes oxygen for the blood, carrying off impure gases, and the same air furnishes the motor power of speech. Above all, we

must learn to breathe correctly, not only for the good of our general health, but also in order to speak well.

This book has helpful exercises to break up the monotony of tone that is found in all stutterers. The vocal work, chanting and singing, and the exercises in melody and inflection will improve the pupil's phonation, if carried out conscientiously and correctly.

The fundamental sounds of the English language are explained as simply as possible in this book, and appropriate exercises for drilling on each of these sounds are provided. Much stress is laid on the lengthening and strengthening of the vowels instead of mumbling and mouthing them. The vowel is the foundation of the language, and all good speech must be based upon clear and distinct vowel enunciation. Exercises are given for the jaw, tongue and lips, and it is suggested that when taking these exercises that the pupil use a mirror, and in that way is able to tell whether or not he is doing them correctly.

There are helpful exercises to train the stutterer to think quickly and for himself. These exercises are called speech-builders.

This volume is an exercise book for both teacher and pupil, and contains material which is the result of years of labor and experimentation with both private and clinical dispensary patients. There are also many helpful illustrations, and in all this is a beneficial book for everybody.

P. M.

#### AMERICAN MEDICINE.

The special war number is splendidly edited and is a work of art. The original articles are:

**Insect-Borne Disease in Armies**—By L. I. Lloyd, Lieut. R. A. M. C. (T.), Hempstead, England.

**Hysteria and the Surgical Specialties in War and Peace**—By Arthur F. Hurst, M. A., M. D., Oxon., F. R. C. P., Newton Abbott, Devonshire, England.

**The Work of an Orthopedic Center in Macedonia**—By A. Louise McIllroy, M.

D., D. Sc., Surgeon-in-charge, Salonica, Greece.

**The Influence of Pension or Compensation Administration on the Rehabilitation of Disabled Soldiers**—By Douglas C. McMurtrie, New York City.

**The Place of Mechano-Therapy in the Re-Education of Impaired Movements**—By R. Tait McKenzie, M. D., Major, M. C., R. A., Philadelphia, Pa.

**Salvage of Men**—By J. E. Mead, M. D., Major, M. C., U. S. A., Detroit, Mich.

**Experiences in War Surgery**—By Gregory Stragnell, M. D., late Surgeon at Hospital Auxilaire No. 36 and No. 2, Paris, France; Harmon-on-Hudson, N. Y.

**Experiences of an Oto-Laryngologist in the Advance Sector**—By Henry Hall Forbes, Capit., M. C., U. S. A., New York City.

**Medical Care of Troops in Billeted Areas in Bordeaux Area, France (Base Section No. 2)**—By Harold M. Hays, Major, M. C., U. S. A., New York City.

**Regimental Medical Work**—By Donald Miner, M. D., Major, M. C., Jersey City, N. J.

**Some Medical Problems of Aviation**—By Lewis Fisher, M. D., Major, M. C., Philadelphia, Pa., and H. W. Lyman, M. D., Capt., M. C., St. Louis, Mo.

**Management of Venereal Cases in Camp; Rendering Infected Soldiers Non-contagious**—By S. William Schapira, M. D., New York City, and Joseph Wittenberg, M. D., Brooklyn, N. Y.

**The Volunteer Medical Service Corps**—By Edward P. Davis, Col., M. C., Philadelphia, Pa.

**The Care of Sick and Wounded from Overseas, at U. S. Army Debarkation Hospital No. 3 (Greenhut's)**—By W. J. Monaghan, M. D., Lieut.-Col., M. C., U. S. A., Debarkation Hospital No. 3, New York City.

**Medical Activities of the U. S. Navy Under Admiral Sims' Command**—By Henry Reuterdaahl, Lieut.-Commander, U. S. N., R. F.

**Recreation as a Moral Force in Army Life**—By B. Sherwood-Dunn, M. D., Paris, France.

**Clearing the Wounded**—By Joanna Walton Harting, New York City.

It is a history of the American medical service, and tells of the one-quarter of the actually practicing physicians of the United States. This number wore colors. Editorially, there is much concerning war casualties, Red Cross activities, industrial health, communicable diseases, health care of employes and much else.

The cover is appropriate to the number, and in colors. Those in medical journalism and all others are proud of the loyalty and enterprise of the editors and cohorts of American medicine.

S. E. EARP.

#### JOURNAL OF DENTAL RESEARCH.

Vol. 1, March, 1919, No. 1 of the Journal of Dental Research has appeared. It is devoted to stomatology, advancement and dissemination of knowledge pertaining to the mouth and teeth, and to their relations to the body as a whole. There is a long list of prominent men as editors. The March number has 122 pages of good articles profusely illustrated. Many X-ray plates. It is a resume of a large amount of original work.

This journal is published quarterly at 2419 Greenmount avenue, Baltimore, Md., and the editorial office is 437 West 59th street, New York City.

"Are you of the opinion, James," asked a slim-looking man of his companion, "that Dr. Smith's medicine does any good?"

"Not unless you follow the directions."

"What are the directions?"

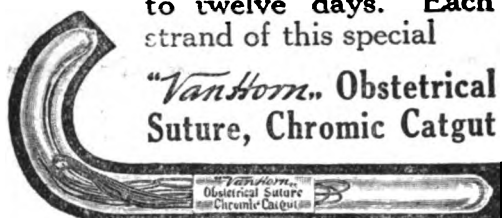
"Keep the bottle tightly corked."—Pharm. Adv.

His wife had followed him across to be a Red Cross nurse. During a bit of German strafing, he fell wounded and woke up several hours later in a field hospital, his wife bending over him.

"Ain't that just my luck, Jenny?" he murmured. "With all the pretty nurses over here to look after the soldiers, I had to draw you."—Pharm. Adv.

## IN THAT CONFINEMENT TEAR

If you favor immediate repair, use our especially chromicized catgut prepared to hold seven to twelve days. Each strand of this special



*"VanHorn," Obstetrical Suture, Chromic Catgut*

is threaded on a suitable needle, ready for instant use. Indispensable for your surgical bag. One tube in each box. Price, 25 cents each; \$3.00 per dozen tubes. No samples.

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## In Scarlet Fever and Measles

there is no procedure that will contribute so materially to a patient's comfort and well-being and, at the same time, prove so serviceable from prophylactic standpoints, as to anoint the whole body at frequent intervals with

### K-Y Lubricating Jelly

(Reg. U. S. Pat. Off.)

Itching and irritation are relieved at once, and the activity of the skin is maintained. So notable are the benefits that result from the use of this non-greasy, water-soluble and delightfully clean product that its use has become a matter of routine in the practice of many physicians.

In addition to being "the perfect lubricant," K-Y has also been found an ideal emollient, and in no way does it demonstrate its great utility more convincingly than in the care of the skin during the exanthematous affections.

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NEW BRUNSWICK, N. J., U. S. A.

## "The Cleanest of Lubricants" K-Y LUBRICATING JELLY

(REG. U. S. PAT. OFFICE)



*"The Perfect Surgical Lubricant"*

Absolutely sterile, antiseptic yet non-irritating to the most sensitive tissues, water-soluble, non-greasy and non-corrosive to instruments, "K-Y" does not stain the clothing or dressings.

Invaluable for lubricating catheters, colon and rectal tubes, specula, sounds and whenever aseptic or surgical lubrication is required. Supplied in collapsible tubes.

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No. 9

## ORIGINAL COMMUNICATIONS

### SOME MEDICAMENTS USED LANG SYNE.

By Douglas W. Montgomery, M. D., San Francisco, Cal.

The medicine of the common people, especially that of old communities uninfluenced by advertising and other forms of commercialism, is interesting. Many of the remedies have been found scientifically to have real merit, and are extensively employed at the present day. For instance, formic acid baths are an age-old custom of the Black Forest, and possibly are still in use. Their preparation is simple, and consists in dumping an ants' nest, together with the ants, into a tub of hot water. The ant acid, formic acid, from formis, an ant, dissolves out and furnishes an antiseptic bath.

Another very interesting phase of this same question relates to the bee, which adds this acid to honey to prevent fermentation. It therefore transpires that honey, eaten in the comb, is not nearly so likely to ferment in the alimentary canal, and to give rise to "billousness," urticaria, etc., as boiled honey.

Formic acid in honey does yet another thing. As John Burroughs has recently pointed out, it gives a tang or flavor which makes it honey, and not merely sugar.

#### Juvenal's Purifiers.

Juvenal indicates that when the souls of the young soldiers, who had died in the battles of the republic, would meet, in the other world, with the shades of the old reprobates and profiteers of the empire, they would need, after the contact, to pass through a ceremony of purification, either with sulphur and torches, or with damp laurel leaves. (Satire II, 157-8.)

The expression here, "sulphur cum taedis," probably means sulphur heated over pine knots, thus forming  $\text{SO}_2$ , which is an old antiseptic.

Sulphur, as a disinfectant in vineyards, is also an ancient procedure. The nascent oxygen of the leaves turns the sulphur into  $\text{SO}_2$ , of which the odor is quite

distinct in passing between the vines of an evening.

In the alimentary canal and on the skin the chemistry is different; the sulphur turns into  $H_2S$ .

Juvenal's mention of damp laurel leaves, "*humida laurus*," being employed as a purifier, is interesting. When fresh laurel leaves are crushed in the hand the menthol odor is so strong as often to be painful to the mucous membrane of the nose.

Menthol, or domestic camphor, is now much employed as an antipruritic. Personally, I rarely use it, as it always strikes me as being too harsh and too cold, especially in eczema, in which the patients are often very sensitive to cold. Japanese camphor is quite different—it is antipruritic and antiseptic, and is at the same time bland and comforting.

#### Camphor.

I can not resist saying here a good word for my friend camphor. Camphor is lavishly employed by the laity in irritable conditions of the skin and exposed mucous membranes, as, for instance, the lips. Camphor ice is in the outfit of almost every one going to the mountains, and is used to relieve the irritation caused by sunburn and wind. At a medical meeting years ago, while a paper on the *acne bacillus* was being read, dwelling on the efficacy of the vaccine, to the discredit of all other measures, one of the members, a well known dermatologist, turned to me and inquired in astonishment if the old sulphur-camphor lotion was not effective.

I remember equally well in speaking with Louis Brocq of the treatment of some skin affection, I do not now remember which, that the question of the inclusion of camphor in the prescription came up. I shall not readily forget the air with which he said that it should not be omitted. How, therefore, does it come about that so little emphasis is laid upon the value of camphor by many men who write on the treatment of diseases of the skin? Menthol, sometimes called domestic camphor, is much more frequently

mentioned, and yet menthol never acts so kindly on the skin as common Japan camphor. It always, in my experience, shows a harshness from which camphor is free.

Camphor is mildly antiseptic, it is slightly anaesthetic, and it is a fine antipruritic. When employed on the mucous membranes, say in 6 per cent. strength, it produces at first a feeling of warmth, sometimes even a burning sensation, that quickly passes off, leaving a pleasant sensation of comfort, and often a definite relief, if pruritus is present. As an antiseptic, and an anesthetic, and definitely as a fine antipruritic, it far surpasses phenol, and I never saw it give rise to any of the disagreeable effects to which phenol is liable.

Camphor possesses the curious property of combining with phenol and forming a liquid, and in this combination the phenol loses its causticity, and may be employed with impunity, for instance, in swabbing out the throat. Furthermore, Wilcox says, camphor is probably more employed in liniments than any other drug. For instance, camphor and chloral hydrate, when triturated together, form a clear liquid, which will take up morphine or atropin, or any other alkaloids in considerable quantity, and to this chloroform may be added without precipitation.

#### Acne.

As before indicated, camphor is one of the best ingredients of the sulphur lotion so much used in acne. It seems to mitigate the harshness of the action of sulphur without interfering with its antiseptic action. It probably indeed accentuates this antiseptic action.

#### Rosacea.

In the cyanotic cases of rosacea in which the skin is cool, often cooler than normal, hot soakings with borate of soda, or bicarbonate of soda solutions may be employed in the evening, followed by a salicylic acid lotion.

|                 |          |
|-----------------|----------|
| $\mathcal{R}$   |          |
| Acid salicyl    | 0.5-1.00 |
| Spts. Camphorae | 25.00    |

or by an acetic acid lotion:

|                 |    |        |
|-----------------|----|--------|
| R               |    |        |
| Spts. Camphorae |    |        |
| Aceti           |    |        |
| Tr. benzoin     | aa | 10.00  |
| Spts. vini dil  |    | 150.00 |

In both of these prescriptions the camphor modifies the acidity of the other two principal ingredients, salicylic and acetic acid.

**Pernio.**

In chilblains, which is an edematous fluctuation in the blood-vessels of the true skin, camphor is an old and much used remedy. It seems to act in causing resolution of the edema, and in relieving the irritability of the nerves. Ewalt recommends the following:

|               |  |       |
|---------------|--|-------|
| R             |  |       |
| Camphor       |  | 5.00  |
| Ol. terebinth |  | 20.00 |

**M.**

Sig. Rub into the chilblains.

Here the camphor mitigates the irritation of the oil of turpentine.

**Frostbite.**

In frostbite Lederman employs:

|           |    |       |
|-----------|----|-------|
| R         |    |       |
| Camphor   |    | 5.00  |
| Bal. Peru |    | 2.50  |
| Vaseline  | ad | 50.00 |

One might continue enumerating the good qualities of this very excellent drug, but instead we will take up the consideration of another old remedy, the willow derivatives.

**Salicylic Acid.**

Willow acid, salicylic acid, from salix, a willow, is a modern and most valuable acquirement in diseases of the skin. Willow infusion, or willow tea, however, is an old remedy in fevers and rheumatic complaints.

During the Napoleonic blockade of Europe, quinine became unobtainable in Germany. It was, however, recalled that an infusion of willow leaves and branches had for long enjoyed, among the peasantry, a reputation in fevers, and its use was resumed by the medical profession, and luckily with good results.

From willow infusion to salicin, to salicylic acid and on to the salicylates were but steps, until the preparation of these drugs alone has formed a great industry.

With the development of our knowledge of skin diseases, the various uses for salicylic acid have so advanced, that it would be hard to practice the specialty without its aid. To get an idea of its importance, it is interesting to look over the lists of prescriptions given at the end of many of the books on diseases of the skin.

Salicylic acid is an antiseptic and a keratolytic, that is to say, it softens the hard horny layer of the epidermis, and is often employed for its horn-softening or keratolytic action alone, as in corns or warts, when it is desired to clear off the resistant horny masses, and so reach the base for radical treatment.

When it is wished to employ salicylic acid as an antiseptic on the skin, this same horn-softening quality is of great advantage, as it enables the medicament to penetrate deep down into the tissues, and to destroy the micro-organisms in their remoter nesting places.

It is interesting to look back into history and to find that drugs used empirically and with little or no knowledge of how they acted, were still used because the experiences of the community at large had come to look upon their action as favorable in certain contingencies. In those days medicine certainly was an art, and not, as it is today, a collection of applied sciences. The physician had to have a feeling or sentiment as to the action of the drugs. This feeling or sentiment had many advantages.

Scientific classifications are based on resemblances, and no one seriously can question the advantages accruing. The more experience, however, one has, the more one appreciates the slight differences between thing and thing, which often determine the success or failure of a therapeutic expedient. This feeling is more akin to art than to science.

Elkan Gunst Building, 323 Geary Street, Corner Powell, San Francisco, Cal.

## THE SURGICAL TREATMENT OF OBLIQUE AND DIRECT INGUINAL HERNIAE IN THE MALE, BASED UPON THE CAUSATIVE ANATOMIC FACTORS.

By H. K. Bonn, M. D., F. A. C. S., Indianapolis.

My interest in inguinal herniae was acutely stimulated about four years ago by the occurrence of three highly interesting cases. Two questions were presented by these cases—one as to the possibility of a patient acquiring a hernia as the direct result of some unusual exertion such as the lifting of a heavy weight, and the other as to the legal rights of such patient under conditions outlined in the first question; that is, as to whether pecuniary relief may be had from the employer, based on the production of the hernia in the ordinary pursuit of occupation.

Briefly, these three cases were as follows: A young man of 22 years of age presented himself with a moderate oblique hernia, but with the testicle of the same side, lying just outside of the external inguinal ring. Here, although the young man emphatically insisted that his hernia was the result of lifting a heavy barrel while at work, it was easy to demonstrate at operation that a congenital sac was present as usual, and that while lifting of the heavy weight may have brought his potential hernia to his notice, the predisposition to hernia had been present since birth. Nevertheless, the patient sued his employer and received a judgment.

Again, a man forty years of age, and having a large oblique hernia on the right side, and a small empty sac one inch in length on the left side, insisted that his small hernia had appeared promptly after lifting a heavy weight. At operation, the triangular inguinal area was found to be unduly wide but the conjoined tendon could not be located. A small sac was present and the hernia was a direct one. An attempt to recover damages from his employer failed after suit had been brought.

In the third instance, the patient insisted that his hernia had appeared only

the day before I saw him, and had followed heavy exertion. At operation a small teat-like empty sac was found, appearing beneath the external ring, the sac being only one inch long. A small cord, the obliterated processus vaginalis, was attached to the fundus of the sac, and ran to the top of the testicle. A split aponeurosis was present, the musculature was underdeveloped and the conjoined tendon was small and deficient. Naturally, the triangular inguinal area was wide. An attempt to recover damages was unsuccessful.

Since the appearance of these cases, I have observed, to the best of my ability, the anatomic arrangement of the inguinal canal in particular as relates to the presence of congenital sacs and the absence of the conjoined tendon in all personal cases, more than one hundred in all, after the observations, detailed by Hessert, a few years ago. It is indeed surprising how often these factors are present where hernia exists, and one is fully convinced of the correctness of Hessert's observations, after study thereof.

To approach the subject from the standpoint of oblique inguinal hernia, it may well be asked, "What is the explanation of the various kinds of sacs encountered in herniae?" Access to the embryology of the testicle and inguinal canal is available in any text-book of anatomy so that it is only necessary to direct your attention to a few essential points. At the seventh month of gestation, the testicle has reached the internal ring and at this time, an indentation of peritoneum appears at the point where the gubernaculum leaves the abdomen. This indentation is the beginning of the tunica vaginalis, and the same factor which causes the testicle to descend, operates in elongating this peritoneal process.



The testicle, which reaches the scrotum shortly before birth, pushes its way through the inguinal canal and thence downward, carrying before it some subperitoneal tissue, the infundibuliform process of the transversalis fascia, a few fibres of the internal oblique, in particular those forming the cremaster and the intercolumnar fascia. But note that the peritoneal indentation which later becomes the tunica vaginalis, is present *before* the testicle has begun to push its way along the abdominal wall toward the scrotum and that therefore the tunica vaginalis cannot be considered as a result of the peritoneal bulging caused by the testicle. The testis and the tunica vaginalis are united and reach the scrotum together, or if the traction of descent ceases, the descent of both testicle and tunica vaginalis is arrested.

The peritoneal covering which preceded the testis is connected directly with the general peritoneal cavity, but within twenty days after birth, this communication is usually obliterated. The three points at which the vaginal process may be constricted and then obliterated are the internal ring, the external ring and at a point just above the testicle. The process of obliteration usually begins at the external ring and extends downward more rapidly than upward. When the child is one month old, the vaginal process usually has been obliterated from the internal ring to the testis, the tunica vaginalis only remaining.

Speculation as to the cause of closure of the vaginalis process need not be considered here other than to state that several theories have been offered; one, that the cause is local irritation and contraction due to the passage of the testicle.

As regards the presence of congenital sacs in oblique inguinal herniae, incomplete faulty closure of the vaginal process provides the correct explanation. It is well to recollect that right oblique hernia is much more common than left. In five hundred infants examined by autopsy, by five different observers, each examiner studying about one hundred

infants, the right vaginal process remained open, to some degree, twice as frequently as the left. Camper's figures may be quoted as an estimate of the percentage of closure of the vaginal process. He examined 70 cases and found the process open on both sides in 34 instances; the right side was open alone in 14 cases, and the left alone in eight. In one third of the 500 infants examined and dissected, some defect of closure was found.

A congenital sac may be recognized at operation, according to Hessert, by finding a thin-walled finger-like sac having no fat, but a trabeculated structure and annular constrictions. The fundus may be thick or there may be a fibrous cord extending downwards, perhaps attached to the tunica vaginalis testis. An intimate relationship of sac to vas and the spermatic vessels may be present or the sac may be enveloped by fibres of the cremasteric muscle.

Hessert concludes that the chief causative factor of 75 per cent of oblique inguinal hernia may be found in the faulty closure of the vaginal process, which produces a congenital sac. This congenital sac plays only a minor role in the production of direct herniae, which are caused primarily by other causes to be considered presently. Hence, a high ablation of the sac in oblique hernia is a necessary part of the operation, because of the existence of the preformed sac. Hessert has suggested that the infundibuliform process should also be removed, else the hernia will recur.

In considering direct inguinal hernia, one is impressed by the comparatively small importance which is accorded the practical significance of a deficient or absent conjoined tendon of the internal oblique and transversalis muscles. The tendon is mentioned but given scant consideration in many anatomies.

Permit me to recall to you the essential anatomy of the inguinal region. The inguinal canal, 4 cm. in length, runs from the external to the internal ring. The external ring lies to the outside and above the pubic spine, and normally

(After Hesser.)

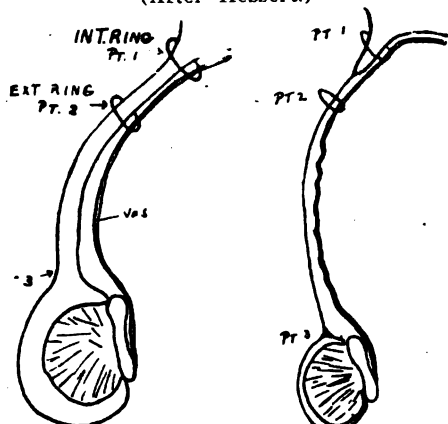


Fig. 1.

Fig. 2.

Fig. 1. The vaginal process is represented as being completely open and continuous with the peritoneal cavity. The internal and external rings are represented by ovals. The three points where obliteration of the vaginal process is said to begin most actively are indicated at point 1, 2, and 3, respectively. This case is one of "congenital hernia," employing the old nomenclature. The vaginal process has made no effort at all at closure.

Fig. 2. The vaginal process has almost completely closed, only a small infundibuliform process remaining from the apex of which a fibrous cord (the obliterated tunica vaginalis) could be traced down to the testicle. Clinically there was a widened inguinal canal with some impulse on coughing.

(Weiche Leiste, of the Germans.)

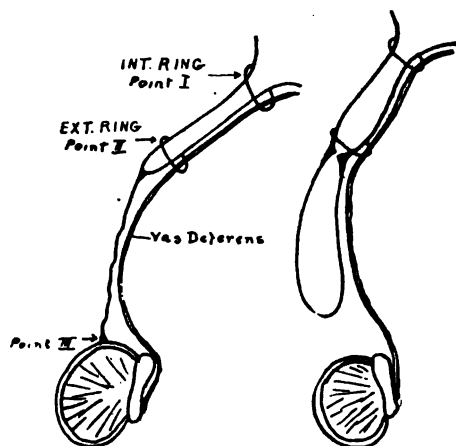


Fig. 3.

Fig. 4.

Fig. 3. This patient had a large direct hernia, and on the same side there was a potential oblique sac. The latter was very thin and glove-finger-like, and about the diameter of an ordinary pencil. It extended slightly beyond the external ring, was empty, and had evidently never been occupied by either bowel or omentum. From the fundus a band was traced down to the testicle. Obliteration of the vaginal process had been completed from point 2 downward, but remained open above.

Fig. 4. A case in which the sac pre-

sented a thick annular construction, corresponding with the external ring. At this point strangulation of the contained omentum had occurred. In this case closure of the process had been completed above the testicle, and the constriction at the external ring shows the effort at closure at that typical point. In large hernias this constriction has usually been carried down into the scrotum.

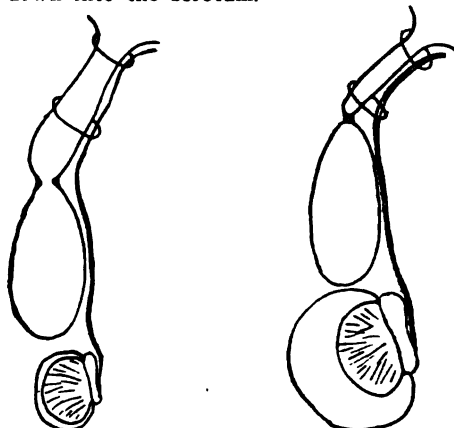


Fig. 5.

Fig. 6.

Fig. 5. A case similar to case 4, with the point of constriction displaced into the scrotum, forming an hour glass sac.

Fig. 6. A case with a small glove-finger-like sac containing omentum. To the fundus, which corresponded in location to the external ring, there was attached by a fibrous band a sausage-shaped sac filled with serous fluid. This hydrocele was intimately connected with the vas and vessels. There was also a small hydrocele of the tunica vaginalis testis, but no organic connection existed between the two hydrocele sacs. The explanation of these findings is that obliteration occurred at points two and three, but the intervening portion of the tunica did not close, forming the two distinct sacs and the hernial sac above.

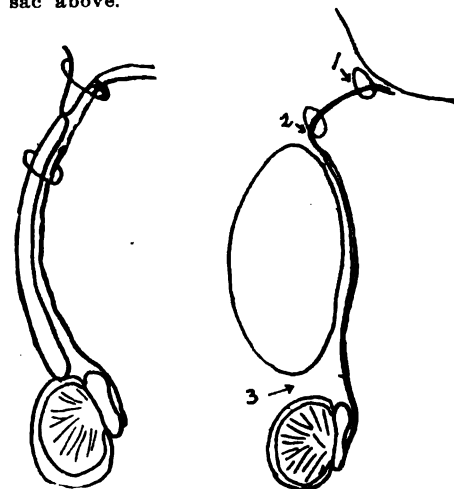


Fig. 7.

Fig. 8.

Fig. 7. In this case there was a closure of the tunica vaginalis at the internal ring, and at a point above the testicle.

The intervening portion remained open and contained a small amount of fluid. The malformation was noticed since birth, and the patient, a boy of twelve years, was supposed to have a hernia. The case was one of funicular hydrocele, although there was a small hernial sac present. The lower end of the hydrocele was blended with the tunica vaginalis testis. The former was intimately adherent to the vas and vessels.

Fig. 8. This case was one of hydrocele of the cord, or funicular portion of the tunica vaginalis. The explanation is simple. Complete obliteration of the vaginal process took place between points 1 and 2, namely, the portion within the inguinal canal. Constriction also occurred at point 3, the point above the testicle. The portion remained patent, and filled with fluid.

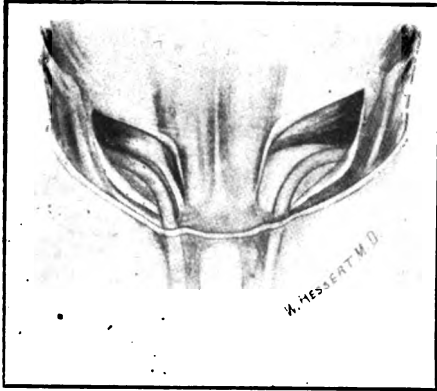


Fig. 9. (After Hessert.)

The illustration shows the inguinal canals exposed by splitting the fibers of the external oblique fascia and retracting the flaps. The right side presents the condition normally found, namely, a well-defined conjoint tendon attached to the crest of the pubes. On the left, the muscle fibers of the internal oblique and transversalis are seen to pass directly inward to be inserted high up on the rectus, and no conjoint tendon is formed. This disposition of the muscles creates a

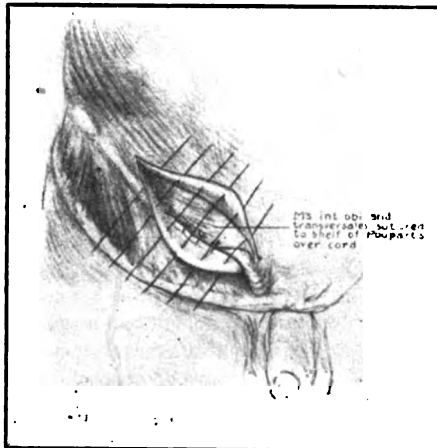


Fig. 10. Wolfier's "Kanalschnitt" operation.

triangular space whose base is the rectus, and whose sides are formed by the internal oblique and transversalis and Poupart's ligament; the floor of this space is formed by the transversalis fascia.



Fig. 11.

Fig. 11. Andrew's imbrication method: a, Cord elevated and sutures placed in the first step in the actual imbrication, i. e., the suture of the superior edge of the incision in the external oblique aponeurosis to Poupart's ligament to form the posterior wall of the new inguinal canal. Note the notch in that aponeurosis near the upper angle of the incision for the reception of the cord; b, sutures tied and cord dropped into position; c, flap of external oblique aponeurosis stitched over spermatic cord to complete the new inguinal canal.

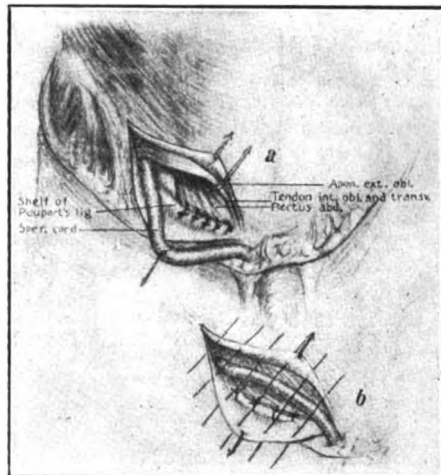


Fig. 12.

Fig. 12. Wolfier's operation for closure of large hernial openings: a, Rectus muscle sutured to the shelf of Poupart's ligament; b, internal oblique transversalis muscles sutured to Poupart's ligament. The cord has been transplanted and the anterior wall of the new inguinal canal is about to be formed by the closure of the incision in the aponeurosis of the external oblique.

admits of the tip of the index finger. The ring is formed by the splitting of the fibres of the external oblique aponeurosis into the two pillars. The internal ring is midway between the anterior-superior spine of the ilium and the spine of the pubes.

The inguinal canal has a roof, floor and an anterior and posterior wall. The anterior wall is formed by the aponeurosis of the external oblique. The outer half of Poupart's ligament supplies the area of origin in the male, for the internal oblique and transversalis muscles, although this area is not constant in its extent, and as Ferguson has shown, when the muscles originate from the outer third of the ligament, no support is given the internal ring. The posterior wall of the canal is formed by the transversalis fascia, and at the outer side, the conjoined tendon. The roof is formed by the aponeurosis of the transversalis together with the medial portion of the internal oblique, these two uniting to form the conjoined tendon, which is inserted into the body and superior ramus of the pubis. The *falx inguinalis* is the conjoined tendon thickened into a band, attached closely to the tendon of the rectus.

If one will observe, while operating, he will be surprised to note how frequently the conjoined tendon is either poorly developed, of small extent, or absent entirely. In the instances of absence of the conjoined tendon, the fibres of the internal oblique and transversalis pass directly inward to the rectus edge without any tendinous union appearing. The lower portion of these muscles will be thinner than normal. When the conjoined tendon is absent, a triangular space appears when the inguinal region is opened up by splitting the aponeurosis from above downwards through the pillars of the external ring. The sides of this triangular space are formed by the internal oblique and transversalis muscles and Poupart's ligament respectively, and the base by the edge of the rectus. The floor is formed by the transversalis fascia. This triangular inguinal area is

the weak spot of the abdominal wall, for here the abdominal wall is only partially covered by the external oblique.

I have frequently noted that the conjoined tendon was deficient or entirely absent, and where such a condition obtained, it was quite common to find that the other tissues, muscles and fascias found in this region were thinned out and atrophic.

Logically then, we may ask ourselves, "What constitutes a predisposition to hernia?"

Accepting the generally acknowledged fact that a preformed sac is a great predisposing cause of all inguinal herniae, in particular the oblique type, we must admit that such a congenital sac cannot always be detected by clinical examination.

Hessert's statement that "the presence of a very large external ring and a distinct impulse upon coughing constitute some evidence of a predisposition," rings true. When the examining finger is swept up and down, palmar surface towards the median line, the absence of the conjoined tendon can often readily be determined, and in its stead, the blunt edge of the rectus is felt. I have satisfied myself on many occasions that this plan of examining is quite trustworthy.

It is good surgical judgment to operate on both sides in patients presenting a well-developed hernia on one side and a predisposition on the other. In these cases, it is quite common to find a split in the aponeurosis, with the fibres attenuated. Ofttimes the sac will be very short and finger-like, and may be ignored if deemed advisable. In such cases, when the inguinal region has been opened up, on the side where a predisposition is suspected, usually the fascia of the external oblique is found split and thinned out, the ring is large, the conjoined tendon is either deficient or absent, and the internal oblique and transversalis fibres are inserted high up on the rectus. The triangular space is large and wide, and the muscles are undeveloped, and some-

times a non-obiterated tunica vaginalis is found.

It is to be understood that a person may have a predisposition to hernia and yet go through life without ever acquiring one. There can be no doubt, however, that the absence of the conjoined tendon favors the development of a direct hernia.

From a practical viewpoint, the question to be answered is "What type of operative procedure should be employed when the conjoined tendon is deficient?" According to Hessert, Bassini's hernioplasty, where the cord is transplanted, is practically impossible to perform where the conjoined tendon is absent and suture of the muscles to Poupart's ligament is done under great tension, with either resultant tearing of the suture or necrosis. It must be borne in mind that the closure of the canal at the pubic end must be made unusually firm, else recurrence is apt to recur.

In my personal experience, I have found that the old Wolfier's "Kanal-schnitt" makes a very effective closure. In this type of hernioplasty the internal oblique and transversalis is sutured to the under surface of Poupart's ligament. Next the edges of the aponeurosis are sutured together, the cord remaining as it was originally. In some instances, where the pillars of the internal ring had been crowded down by the hernia, it is wise to first close the internal ring with a few sutures after Ferguson's plan.

The type of hernioplasty which is perhaps used more in the middle west than any other procedure, is the one known under the nomenclature of "The Andrews Imbrication Operation." Girard of Geneva, Switzerland, Lucas-Championnière of France, and Ferguson of Chicago have also either originated or modified the same operation. The operation is made as follows: High ligation of the sac, followed by temporary elevation of the cord. At a convenient point near the mouth of the upper exit of the cord, the medial flap of the external oblique aponeurosis is nicked lightly with the

knife, thus affording a notch through which the cord is transmitted to its new bed. This bed is made by passing interrupted sutures of tanned catgut through Poupart's ligament beginning on the external side, then passing beneath and through the internal or medial flap of the external oblique aponeurosis and returning to, and then passing through Poupart's ligament. This method of passing these modified mattress sutures permits of tying them on the external aspect of Poupart's ligament, thus imbricating the medial flap of the aponeurosis. The upper two sutures should be so placed that the cord is not constricted. After this layer of imbricating sutures have been tied, the cord is permitted to lie upon this new bed. The final step of the operation consists in suturing the edge of the external flap of the aponeurosis over the cord, thus completing the new inguinal canal.

In the cases where the herinal opening is unusually large, or where the aponeurosis is thin, Wolfier's plan of splitting open the sheath of the rectus and then sewing the muscle to the shelf of Poupart's ligament, serves one well.

An underdeveloped or absent conjoined tendon occurs frequently and this fact favors the production of a direct hernia in many cases, but probably does not play a large part in causing oblique herniae. In these cases, with the possible exception of children, a Bassini operation should not be done, but an Andrews type of hernioplasty should be the operation of choice.

An observation which I have made in regard to hernia operations is that frequently chromic catgut will produce an annoying secretion of light yellow color. This secretion is not pus and is sterile, and is probably the result of the irritation to the tissues due to the chromic gut. I have found that tanned catgut is much better tolerated by the tissues and serves all necessary purposes.

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## OVERFED BABIES.

By W. D. Hoskins, M. D., Indianapolis.

Most of the gastro-intestinal disturbances of infants and young children are due to overfeeding.

This overfeeding in the milk fed baby is usually due to an excess of fat, too much food at a time, or too frequent feedings.

In the babies fed on condensed milk or proprietary foods, the offending element is more likely to be sugar or starch, with the same tendency to feed too much and too often.

If nature is kind and the child develops vomiting or diarrhea, the excess is carried away and no serious damage may ensue.

If, as is frequently the case, the overfeeding is apparently well tolerated, and the digestive tract sounds no alarm, the trouble is found farther back than digestion, and the more delicate functions and processes of nutrition are damaged.

Sometimes this damage is manifest as a marked overgrowth, the well-known fat prize baby.

In other cases, or a little later in the case of the fat baby, the overfeeding may result in a stationary weight, or a gradual loss in weight, until the most extreme degree of emaciation is produced.

In other cases, without these preliminary warnings, the apparently well but overfed babies may "blow up" as we say, with convulsions, or with profound coma, with or without vomiting. These cases are usually fatal. To the family, and to many physicians, they are mysterious dispensations of providence, or otherwise unexplainable. The physician skilled and experienced in infant feeding knows that they are manifestations of overfeeding. Careful scrutiny of the feeding will usually uncover definite errors in the composition, amount or frequency of the feedings. Such explosions may occur at any time, but more easily and more frequently in hot weather.

Infant feeding is no longer a hot weather specialty.

The battle with and for these difficult feeding cases is on every day in the year.

Intelligent parents and intelligent physicians are learning that it is the prompt and persistent attention to these early disturbances of digestion and nutrition that has eliminated cholera infantum and lowered infant mortality.

It is not so generally known that most of these difficult feeding cases are due to overfeeding.

Frequently the amount of fat or sugar in the formula submitted is not at the time excessive, but the child with chronic indigestion or persistent malnutrition has become sensitized, and can thereafter tolerate only small percentages of the offending food element.

It is scientific folly and a waste of precious time to empirically try one food after another, in the hope that the new one will hit. Frequently in taking the feeding history of these difficult cases, we find that they have been tried out on ten or a dozen different foods.

It is not always easy to determine what has caused the food injury. In the absence of typical symptoms of fat or sugar indigestion, the clew may often be secured from the feeding history. If the baby has been fed on cow's milk the fat is the probable source of the trouble. In babies fed on condensed milk or proprietary foods sugar is the probable cause.

The only rational treatment for these cases is to withhold for a time the offending food element, then gradually and carefully to reintroduce small percentages of these until tolerance has been restored.

Drugs have little or no place in the treatment of these cases. The baby that must have castor oil once or twice a week to keep it from getting sick is being badly fed.

## THE RELATION OF INFECTED TONSILS TO THYROID ENLARGEMENT IN ADOLESCENCE.

James C. Carter, M. D., Indianapolis.

It has been the observation of many clinicians that some girls during adolescence show a slight to a marked enlargement of the thyroid gland. This enlargement is usually bilateral. It may be constant or it may be present only during the actual period of menstruation. This condition I believe to be one of hypothyroidism.

Experiment work, checked by clinical reports, makes it seem certain that there is a definite relation in growing girls—boys as well—between the internal secretions. There seems to be a delicate balance in these secretions.

The hypothyroidism that comes with a chronic infection of the tonsils manifests itself by an enlargement of the thyroid gland, by an oily condition associated with a rather thin growth and a gritty feel of the hair. There is no definite change in the pulse-rate. There is no general tendency to the overproduction of fat as expressed in weight.

The increase in the size of the thyroid gland is due, it would seem, to a demand for more of the thyroid secretion. The gland tries to supply this demand, but the growth is one of structure, not of the secreting or active part.

There would appear to be a definite relation between this overgrowth of the gland and the tonsils. There need not be frequent tonsillitis. The tonsils if everted with tongue depressors will often show much hidden exudate. The anterior cervical glands will be enlarged, showing that a chronic inflammatory condition of the tonsils is present.

Sudden enlargement of the thyroid gland following an attack of acute tonsillitis has been noted. This happened in an entire family consisting of the father, mother and three children. The children were seen in the pediatrics clinic at the Indiana University School of Medicine. The enlargement lasted some ten days. Unfortunately, the children were lost and no one was able to

get them back to the clinic. The disappearance of the swelling was all they asked, and when this occurred they did not return.

The school nurses have brought many girls with an enlargement of the thyroid gland into the pediatrics clinic. Working with Dr. C. H. McCaskey, the first step was to remove the tonsils. It is usual to get these patients back for one visit and then they disappear. Thus it is that complete records are very difficult to obtain.

The evidence as presented by the following cases will seem contradictory:

Case No. 1. L. S., a girl, age 17. No history of any thyroid disturbance in the family. Menstruation began at 14 years of age. Always well, except for frequent tonsillitis. For the past four years there has been a definite bilateral enlargement of the thyroid. This was of gradual growth at first, but for the past year has been stationary. The hair is sparse, gritty and oily. On May 29, 1919, the neck over the thyroid measured 38 cm. (15 inches). The tonsils were small and buried. There were a few pea-sized anterior cervical glands. The tonsils were removed today.

On June 16, 1919, the neck measured 36 cm. (14 1/4 inches.) This reduction in size followed the removal of the tonsils. The patient was given thyroid extract 0.12 grams twice a day.

On June 24, 1919, the measurement was still 36 cm. (14 1/4 inches), but there was a definite narrowing of the enlargement from the sides. The thyroid extract was continued.

On July 14, 1919, the measurement was still 36 cm. (14 1/4 inches). A definite crease could be seen over the isthmus. Taking the thyroid extract daily.

On July 31, 1919, the neck measured 35 1/2 cm. (14 inches) at the bottom and 35 cm. (13 3/4 inches) at the top. The enlargement was distinctly narrower

from top to bottom. The thyroid extract was increased to three times a day.

The patient's general health is better. Her neck, which did show a marked disfigurement, must now be viewed from the side in order to see the enlargement.

On August 15, 1919, there had been no change.

Case No. 2. M. H., a girl, age 14. No family history was obtained. Patient has not yet menstruated. For the past two years there has been an enlargement of the thyroid gland present. No definite history of repeated tonsillitis.

May 30, 1919. Neck measures 33 cm. (13 inches). Patient has been getting thyroid extract 0.06 grams three times a day for the past three weeks. The tonsils were removed today.

June 11, 1919. Neck measures 32 cm. (12½ inches). The left side of the enlargement is smaller than the right. Patient has recovered from the effects of the operation and has improved generally. To continue with the thyroid extract and to report in one month. She did not come.

Case No. 3. D. L., a girl, age 13. No family history was obtained. Patient has not menstruated. Has had frequent tonsillitis. Tonsils large; crypts prominent and filled with hidden exudate. Anterior cervical glands enlarged to the size of peas.

July 8, 1919. Neck measures 31 cm.

(12 1-4 inches). Tonsils removed today.

August 2, 1919. Neck measures 30 cm. (11 3-4 inches). To have 0.06 grams of thyroid extract three times a day.

#### Summary.

The above cases raise the question whether the removal of the tonsils caused the reduction in the size of the thyroid enlargement. It would seem certain the toxins produced in the tonsils caused the increase in the first place. The growth took place to supply the demand for more of the thyroid secretion. This was not obtained to any great degree. Case No. 1 would seem to confirm this theory.

The giving of thyroid extract in small doses after the initial reduction in size seems to aid in a still further decrease. The dose of the extract in all cases was small because of the infrequent visits of the patients. There was no upset of any kind due to giving the extra thyroid.

The definite improvement in the general health of the patient can be accounted for by the removal of the tonsils.

The giving of thyroid extract alone will in time cause some reduction in the size of the thyroid, but the tonsils must come out if this reduction is to be permanent.

507 Hume-Mansur Building.

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### PHYSICAL, MENTAL AND MORAL KEEP-WEELS.

By Mrs. Arthur MacDonald, Washington, D. C.

Madam President and Ladies of the Political Study Club: I appreciate very highly your invitation to speak concerning the purposes of the Woman's National Society of Keep-Weels, of which I have the honor to be president. The physical, mental and moral keep-well is the general purpose of our society.

Address by President of the Society, and of the Woman's Clinic, before the Political Study Club of Washington, D. C.

#### The Physical Keep-Well.

One of the main objects of our society is to interest and encourage the people of other communities, as well as Washington, to organize and invite their physicians to give practical talks on their specialties. The idea is to show the people how to keep well rather than how to be treated AFTER they are sick.

There is in every community much medical knowledge not utilized because there is no organized effort to invite



physicians to give practical talks to the people, based upon their own knowledge and experience and not merely upon books. When a physician is invited to speak he is addressed something like this: "Doctor, we want you to come and give us an informal talk on what you know most about, that is, your specialty, and tell us in a simple way how to live and just what to do so that we may avoid calling you and other doctors by keeping ourselves well."

The general plan and purpose of the National Society of Keep-Wells is in accordance with the highest ideals of medicine, which is to do away with itself as far as possible. It is a peculiar condition when we think of it that so many people of culture and education know so little about the human body. As I said in a short address before the Congress of the D. A. R., it is of much more practical importance to us to know the geography of our own bodies than it is the geography of the world, for, in order to understand the ordinary functions of our bodies, we must know first of all where the parts are located which function and also something about their form; or, in other words, their anatomy. Every woman, in order to make herself of most utility to the community in which she lives, must possess a maximum mental and physical health. This consideration is not without its significance, especially at the present time, where strength of mind and body may be required for the highest patriotic duties of reconstruction.

In many European universities the professors are required to give each year a free course of lectures open to the general public; that is, to tell in plain language the fundamental truths of their specialties. The physicians are asked to follow this idea here in our country and let the people, as well as the medical students, be instructed in the fundamental knowledge necessary for knowing how to keep well.

#### **Standards of Health for the People.**

The idea is to have the people taught general rules for taking care of themselves, so that eventually practical

standards may be established and extremes in matters of eating and living be avoided.

Thus there is a tendency to excess in eating meat, which taxes the organs more than vegetables, causing biliousness and gout. Economic prosperity also increases meat eating.

#### **Meat and Appendicitis Seem Closely Allied.**

It is believed by some abdominal surgeons that appendicitis is caused by a bacillus in the meat, especially cold storage meat, a great deal of which is consumed in our expensive hotels.

In fact, appendicitis has been called an aristocratic disease. Among the four hundred million of Orientals, who eat little or no meat, appendicitis is practically unknown. This fact tends to confirm the suspicion that the cause may be due mainly to meat eating.

#### **Dosing of Food More Important Than Dosing of Medicine.**

At the present time a physician must know how to dose food as well as how to dose medicine. Yet, as a matter of fact, little is positively known as to just what food is best for this or that person, so that dogmatism in giving rules for eating is often dangerous. One of the greatest authorities on diet in the world, after giving a long course of lectures on this subject, having treated thousands of persons, and explained his own and the original experiments of others, in summing up all in the last words of his final lectures, said: "Gentlemen, what does it all come to? I can only advise to eat slowly and not too much, and such food as best suits your taste."

#### **Disease of Digestive System Very Prevalent.**

A young man recently asked what specialty in medicine he should choose. The answer was, "The digestive tract."

Americans as a people appear to have more than their quota of digestive troubles; and this, with lack of exercise caused by excessive automobile riding, naturally brings on a large number of

digestive complaints for the treatment of which doctors are kept busy.

Diseases of circulation and of the heart also might have been suggested to the young man, due probably to excessive automobilism, reducing physical exercise so far below what is necessary that such a condition, persisted in for a long time, naturally weakens all the muscles, and unfortunately the heart muscles. This in connection with overeating appears to result in acute indigestion, which is given as a cause of so many sudden deaths.

#### **Education Should Require Practical Knowledge of the Body.**

It is a surprising statement to make, yet it is true, that a very large number of people of education, culture and refinement seem to know little or nothing about the human body.

There will come a time, and the sooner the better, when no person will be called educated who does not know the anatomy of the human body. For this is necessary in order to understand how the human machine works; that is, its physiology.

For instance, what is the sense of talking about the arteries, nerves and the heart muscles if we never saw a muscle or an artery and do not know where they are? How can we understand the plan of a city when we do not know the names of the streets or where they are located?

#### **Modern Superstition the Enemy of Knowledge.**

One hears much about religious superstition, but a much more superficial superstition is that of the human body. At one time in the history of the world superstition forbade the dissection of the body, and thereby put a premium upon ignorance (some of this superstition remains to the present day). We seem to have been approaching the knowledge of the human body from the outside, or superficially, but the time will come when no person can call himself or herself educated without fundamental knowledge of the human body.

We should have in our schools a wom-

an physician to teach the girls and a man physician to teach the boys at a proper age by first hand methods, the anatomy and physiology of the human body. Such knowledge imparted by competent persons to the young at the proper age, and in the proper way, would come to be a great moral force, as well as a power against disease. Its moral force would be shown in its tendency to do away with much of the false curiosity among the young, which is one of the greatest temptations to immorality.

Knowledge of anatomy and physiology among the people would prevent greatly the use of patent medicines and would be very discouraging to medical quacks. It would cause us to avoid doing the things which injure our physical well-being and we would thus carry out the fundamental principle of our National Society of Keep-Well.

#### **Keep-Well Idea Applies to Other Subjects.**

Our society has been emphasizing the physical keep-well, and will always continue to do so, but we plan also to carry this idea of keep-well to other subjects, which are closely related to the physical keep-well, such as the mental keep-well, the moral and sociological keep-well, and the aesthetical keep-well.

#### **Mental Keep-Well.**

Referring to the mental keep-well, which is emphasized so much at the present time, we propose to invite specialists both in medical and general psychology to talk to us, in order that we may learn the normal mental life, which preserves mental health and equilibrium. We want the best that science can offer in this field and we want to be able to circulate these lectures and ideas among the people, and avoid misinformation on these difficult subjects.

#### **Crank and Insane.**

Few persons know the difference between a crank and an insane man. Doubtless there is an extensive zone between sanity and insanity; and it would appear sometimes that these extremes meet and unite in a genius who may occa-

sionally manifest symptoms of insanity. Unfortunately there is abundant misinformation on these subjects, and we keep-wells wish to be set right in regard to these truths, especially as to the cardinal points, by getting the authorities to talk to us.

#### Moral and Sociological Keep-Well.

One of the main principles of the physical keep-well is, as we have seen, the moderate course, or golden mean. The sociological idea expressed in the words "Conservative Progressivism" is also the medium course in the community and applies to the moral and sociological keep-well.

Our purpose is not to get into details, but to seek those laws and rules of the social organism which have proven by experience to serve the community best. We want to know the standards upon which sociologists generally agree; in other words, what is best for the social organism as it exists now.

This may be only a minimum amount on which sociologists are in accord, but we want to know that minimum at least. For instance, it would be interesting at this time to have some sociologist tell us about the laws of revolutions. To the surprise of every one after wars, governments sometimes have fallen so easily that they are said to have committed suicide.

It has also been stated that, while certain social tendencies may lower the power of mind, these tendencies may, nevertheless, lessen injustice to the working classes, and if one must choose between mentality and morality, morality should be preferred.

If the seventeenth century stopped religious wars, it would be interesting further to know why this twentieth century can not stop political war, when, in the seventeenth century, the Peace Treaty of Westphalia, after the thirty years' war, caused religious wars to cease forever. Religious wars are much more intense than political wars.

If the seventeenth century was able to accomplish the greater task and stop religious wars, why can not the twentieth

century do the less difficult one and stop political wars, especially since our present century claims to be in advance of the seventeenth.

We would like to have the sociologists and historians discourse upon these and similar questions.

#### National Egomania.

Nations, like individuals, may become possessed with the delirium of grandeur, and egomania, seeking to be lords of creation, and thus become a menace to the peace of the world, causing other nations to unite against them and overthrow them.

Every nation seems to have its day. Rome rose and fell; the present European war seems to be an illustration of this principle in history. Let the specialists enlighten us on such questions.

#### Aesthetic Keep-Well.

One of the fundamental ideas in the anatomy of the human body is symmetry, as illustrated in its doubleness, as two brains, two eyes, two ears. This principle of symmetry is one of the bases of art and architecture which constitutes the aesthetical keep-well. It has been often stated by teachers in art that public taste as to art and architecture is undeveloped. If this be true, we propose to have those whose professions are of an artistic nature tell us what is aesthetically sound.

What is the best taste in forms, color and structure and what would become of the stockholders and proprietors in our fashion factories and stores if artists had their way in designing styles for personal adornment? These firms would be in danger of bankruptcy from difficulty in finding a sufficient number of purchasers to appreciate what artistic designers regard as the best taste. This shows all the more the necessity of developing the public taste.

We have often noticed how much more elegant a costly hat looked on the table beside a less expensive one, yet the cheaper hat may look prettier on a certain shaped head. For instance, a big round hat on a short, stout woman pro-

duces a peculiar impression. Very tall, slender people may look well, even if they dress like a Christmas tree.

It is lack of perspective, lack of atmosphere, it is the law of symmetry that is most often disobeyed.

I might go a little further and speak of the aesthetics of manners. It is said in Europe that Americans are somewhat abrupt in their manners. There may be an element of truth in this, owing to our quickness of action and nervousness. Even in one of our universities, a certain professor signed Y. T. for Yours Truly, in order to save time. As we appear to be getting more into European company, it may do no harm for us to know criticisms of ourselves.

It may be objected that matters of taste are interesting, but not very important. Yet one of the greatest modern philosophers has stated that, after we have discussed thoroughly the fundamental questions of life, we finally come down at last to a question of aesthetics, or taste, which, after all, may be the final basis of philosophy.

In this connection I might note symmetry in diet, that is, so to speak, such a diet that constitutes the four or five principal elements of food in their proper proportion or symmetry. For instance, milk contains all these elements in the proper proportions in the feeding of infants, and is often the only food for adults, and, in short, many people without milk would die in the hospitals.

**Trustworthy Knowledge the Desideratum.**

It is the desire of the Woman's National Society of Keep-Wells to help spread trustworthy knowledge to the fullest extent possible. The old adage of the more we learn the less we know is not true, but it is true that the more we learn the more we find we do not know. What we know is finite, but what we do not know is infinite.

We might touch upon what has been suggested by freak ideas too often published upon the subjects we have noted. Most of these ideas are meteoric and ephemeral; in truth, our attention is called to these freakish things more from oddity than merit. The general public is often easily misled by these so-called latest ideas, most of which, like the latest books out or the latest style, are by no means the best, if not the worst.

The public mind often being at a loss to know what to believe, it is well that the experts tell us the forms—that which has passed through criticism and is not found wanting. Let the specialist at least suggest to us what are the standards in order that we may have something to guide us in this labyrinth of conflicting opinions.

We have merely touched on some of the plans and purposes of the Woman's National Society of Keep-Wells. The controlling idea is that we may be able to give this knowledge in popular form, through experts, to the general public. We want these specialists to present to the people sound and sane advice on how to keep well physically, mentally, morally and aesthetically, to spread these ideas throughout the country, and encourage communities themselves to start and support such movements for their own development and welfare.

**Importance Means to Add to the World  
More Than You Take From It.**

It is well for every woman to have some definite, unselfish thing to do in the world; it takes her out of herself; it makes her feel that she is of value to the community, and if it be asked what makes a woman important in the world the answer is that every woman is important in the proportion that she adds to the world more than she takes from it.

#### RELIGIOUS BIOLOGY.

By J. W. Birchfield, M. D., House Physician Protestant Deaconess Hospital,  
Indianapolis.

I. Faith: Governing the continuity of life in space.

The word "faith," etymologically, is

made from the verb, "to fay," a word which the Anglo-Saxon shipbuilders along the Skaggerrack and Cattegat

used many centuries ago in the sense of "to join," "to fit smoothly," "to put together." In its development from the verb form into that of the abstract noun, the "th" was added like that in the formation of "wealth" from "weal," "health" from "heal," etc., the result becoming "fayth," in accordance with a law of the English language; and, in conformity to another law of the same language, the "y" of "fayth" was changed into "i" and we have "faith" in the present form and use.

The Apostle Paul says: "Faith is a substance," thus acknowledging its substantial character, and the completed definition becomes, "Faith is that substance of life which connects universal (or God) life with individual (or personal) life," and it becomes the "divinity within us that shapes our ends, rough-hew them as we will."

Of the three cardinal virtues—faith, hope, love—faith is the only one that always holds the substantive relation in grammar. Hope and love are sometimes used as verbs and sometimes as nouns.

The babe at birth manifests faith when it seizes its mother's breast to satisfy its hunger. Therefore faith is a part of the human germ plasma and becomes of tremendous importance, both in science and in religion.

While faith is not strictly classed with the emotions in psychology, it nevertheless belongs with the sensory group of mental activities. It also partakes of the character of those in the motor group.

Some one has said, "Mankind is born with faith and a sense of danger." This is not strictly true, because a sense of danger can not exist without a consciousness of fear, and "God is not the author of fear." Fear is not developed until an unfriendly experience has occurred, or the incidence of some painful event.

For example, an infant left to its own devices upon a table top, will crawl to the edge, and, not realizing its danger, will continue to crawl until it falls and is hurt. It does not learn the danger until after bitter experience, but when a

consciousness of possible injury has been developed it will assume an attitude of fear, or at least of caution in the presence of a similar situation.

Not so with the young puppy, which, crawling to the edge of the table top and seeing the break in continuity of support, will not continue its course, but will seek to get down by some other route. The puppy is said to be fortified with an instinctive knowledge against danger, but the child must acquire its knowledge in the school of "hard knocks" and must be deterred either by force or by self-imposed obedience to knowledge previously "worked out." Fear is a product of evolution in life experience.

Besides faith, the human germ plasma also possesses an essential energy which furnishes the necessary dynamics for growth and action. By faith the babe seizes its mother's breast, but by its innate energy it is able to extract nourishment.

Energy is "the power to do work," and its first application in the biological scheme is to acquire nourishment. Knowledge is stored up energy, because in the acquisition of knowledge the whole subsequent life of the individual is spent, and it means work all the time.

Faith and work, therefore, stand as the first great binomial of human experience, whose purpose is "self-preservation," which is the "first law of nature," because when the incidence of conscious danger occurs, it is the function of fear (acquired from unfriendly experience) to stimulate the individual either to fight or to flee; all of which is based upon the first great self-evident truth—the continuity of life in space.

II. Love: Governing the continuity of life in time, childbirth being the physical basis of immortality.

Life is the most precious and therefore the most sacred thing in the whole universe, and it is not surprising that mankind's earliest devotions were addressed to the mysteries of its manifestations.

It is a demonstrable proposition in science that "magnetism is not destroyed when the horseshoe manifesting

it is destroyed." By analogy it must be true, also, that "Life is not destroyed when the body is laid in the dust," and it is reasonable to assume that lurking somewhere in the universe both magnetism and life are waiting an opportunity for expression, each according to its specific nature.

God could have insured the continuity of life in time by the parthenogenetic method of propagation, in which event love would not have been needed. But, in order to emphasize the supreme sanctity of life, He divided life into its functional elements—"male and female created He them," thereby furnishing the first example of division of labor. To the male He gave strength with the idea of protection; to the female he gave beauty with the idea of home, and the mission of both "to multiply and replenish the earth, and make it a fit abode for the habitation of man."

By this process of segmentation, opportunity is afforded for life to react upon itself and "to look itself in the face," so to speak, because it is not possible for one to see himself without a mirror.

Any system of education that omits the fundamental psycho-genetic element of purpose from its scheme, will fail to accomplish anything of permanent value, no matter how much knowledge is imparted, and inasmuch as purpose leads inevitably to result, the evident aim of the bisexual method of reproduction is the eugenical race, and this can not come until the message of the Immaculate Conception of Our Lord has been fully apprehended by both science and religion and becomes the motive of marriage.

Therefore, if faith be the bridge upon which universal life is inducted to the individual life, love represents the visible presence of God (God is love).

The essence of love is sacrifice and the symbolism is complete, both as to form and method by the accompaniment of pain and bloodshed at the time of childbirth.

The theory of psycho-physical parallel-

ism requires that mental and physical phenomena should be parallel manifestations of the same underlying unit.

Humanity is under obligation to the medical sciences for most of our knowledge concerning life. Out of Louis Pasteur's experiments with the grape disease, just preceding 1885, came his famous dictum which forms the basis of our faith in the physical redemption of mankind, viz.: It is possible to eradicate all disease from the face of the earth in a single generation.

By the addition of this "dictum" to the message conveyed by the "Immaculate Conception of our Lord," which seeks to separate the Venus love as unworthy of the exalted nature of human life, from the Christ love, which is the supreme example of sacrifice, shall that second advent of our Lord be heralded.

#### DR. KEMPER OF MUNCIE LOOKED AT THE INDIAN.

Editor The Star:

Soon after our present court house was erected I remember of hearing the late Warren Stewart criticize the statue of the Indian and his bow on the eastern side of the roof of the court house. Mr. Stewart was an elderly man and had spent a considerable portion of his life near the Indians. He remarked that he never saw an Indian stand with his bow in his right hand, that he always held it in his left, and that our sculptor had made a blunder.

Recently, in reading the Bible I came across this passage in Ezekiel, chapter 39, verse 3: "And I will smite thy bow out of thy left hand, and will cause thine arrows to fall out of thy right hand."

This was part of a prophesy uttered against Gog 2500 years ago and is interesting as showing that possibly, after and during a period of twenty-five centuries "the manual of arms" with the bow and arrows has not been changed.

G. W. H. K.

Indianapolis Star.

# INDIANAPOLIS MEDICAL JOURNAL

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## EDITORIAL

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### THE CARDIOVASCULAR DEFECTIVE.

During the existence of Medical Advisory Board No. 1, Indianapolis, no class of cases gave so much solicitation as that of the cardiovascular defective. Some of the conditions were due to a neurosis, a former infectious disease, certain mental states, focal infections, hyperthyroidism, etc., sometimes pronounced evidence of tachycardia with the cause undetermined because the registrant could not be kept under observation as a study case.

Many defective hearts were found and the registrant would hardly accept the diagnosis. Some registrants would be told that there was some heart lesion and being doubtful would appeal to the Medical Advisory Board. Many of these were marked organic cases. The army draft gave much light on such conditions and a timely diagnosis saved many young men.

Many cases of tachycardia were seemingly so, only, and when there was rest and excitement was subdued conditions reached the normal.

I frequently used the term "syphilitic heart," which of course was a vague misnomer and yet it was convenient to designate certain cases in which syphilis was the cause of a defective myocardium often including other portions of the cardiovascular system. It took the most

careful study to determine some of the cases of aortic disease. Perhaps such cases almost to the 100 per cent. could be traced to syphilis and yet it was not uncommon to be unable to find such a history. The clinical laboratory was helpful in a majority of such cases.

This subject is one of the greatest importance and I have been very much interested in a recent article which is germane to this discussion, a part of which follows:

Warfield in the American Journal Medical Sciences for August, speaks of the cardiovascular defective and summarizes as follows: There is a class of young men of usually healthy appearance, who nevertheless suffer from a group of symptoms following mild exercise characterized by breathlessness, precordial pain, dizziness, palpitation and exhaustion. There also may be headache, sleeplessness, cold, clammy hands and feet and profuse sweating. These men might never have been discovered except for the army draft, which caused thousands of young men to be examined physically. These men have no complaints as a rule which lead them to seek medical advice. They find that they are better able to make a living at light or sedentary work than at hard work, so they drift into the lighter occupations. The majority are surprised when told

there is something really the matter with them although they have recognized the fact that they can not take the violent exercise which other men of their acquaintance can take. A certain number are taken by their parents to a doctor who may diagnose heart disease or neurasthenia.

There is no etiological factor among the true cardiovascular defectives—no cause can be found except a constitutional inferiority, a poor quality of tissue which must be supposed to account for the syndrome. Among others, certain chronic diseases or the result of severe acute illnesses are responsible for the syndrome.

When there is a definite pathological basis, such as pulmonary tuberculosis or chronic focal infection, etc., cure of the disease causes the effort syndrome to disappear. Cases resulting from infectious disease or based upon constitutional inferiority do not improve in experience. Exercise was valuable in determining the fitness of the men for military duty and in giving data in the diagnosis in certain cases suspected of being tuberculosis.

Dr. Warfield made his observations at the base hospital at Jefferson Barracks, Missouri. He further says the cases were studied previously for the purpose of sorting the fit from the unfit in military service. Happily, no longer must this be done. However, the knowledge gained in observing these cases is not devoid of value to us in civil life. It should materially assist us in handling a group of cases hitherto poorly classified and insufficiently studied.

Such cases were watched carefully in the hospital for a time so as to be sure there was no mistake in diagnosis and generally rejected, but those of the psychoneurotic state were considered hopeless "spongers" on their families or communities in which they lived. Now comes an opinion of the greatest importance which is based upon the experience of Dr. Warfield and is identical with the findings of Medical Advisory Board No. 1 in Indianapolis. It is that these

cases who have been making a living at farming or clerking or some occupation not requiring great endurance and these it is not necessary to predict a bad fate. As long as they recognize their limitations and live always within them they should have no difficulty in keeping well and free from distressing symptoms, chiefly palpitation and precordial pain.

S. E. HARP.

#### THE ISLANDS OF LANGERHANS.

The structure of the pancreas resembles the salivary glands (Gray's Anatomy by Spitzka), but it is looser and softer. Not in capsule but surrounded by areolar tissue which dips into its interior and connects the various lobules of which it is composed. Each lobule has an ultimate ramification of main duct terminating in a number of cecal pouches which are grape-like. The alveoli are filled with secreting cells. In the centre of the end-tubules flat cells are often found. They are continuations into the tubules of the duct epithelium. These cells are known as the centro-acinar cells of Langerhans. The connective tissue among the gland tubules and alveoli presents in certain parts collections of cells which are termed interalveolar cell islands or islands of Langerhans. (Spitzka) Ople points out that they are the most common in the splenic end of the pancreas. The cells of the islands are smaller and paler than the secreting cells of the alveoli and are arranged in layers with intervening spaces. The islands are sharply demarcated from the alveoli, are much larger than the latter and are very vascular. There are no ducts in the islands of Langerhans. Their function is to furnish the internal secretion of the pancreas. The latter is from the authority of Gray. Some few give but little credit to the work of Dr. Ople and there are others who take delight in questioning the relation of the islands of Langerhans to diabetes mellitus. It has been asserted that diabetes mellitus is due to syphilis because some patients responded to the use of salvarsan. It does seem, however, that glandular



structure easily shows the effect of syphilis and perhaps our knowledge of the function of the pancreas might lead us to suppose that there might be a syphilitic diabetes if we are warranted in speaking of a pancreatic diabetes. In hospital work during the past year I have had several patients who had diabetes and later contracted syphilis but none of these responded favorably to the use of salvarsan.

I have quoted Gray at length so as to give a foundation with necessary information concerning the pancreas and relative to the idea that the islands are not closed follicles.

P. J. Garcia published an article in the *Revista de la Universidad de Buenos Aires*, Jan.-April, 1919, 41 No. 140, which was abstracted by the J. A. M. A. July 26, 1919, as follows:

Garcia analyzes what has been published on the possible endocrine function of the pancreas and warns that the idea that the islands of Langerhans are closed follicles must be abandoned once for all. They are formed of epithelial cells, and they undoubtedly pour an internal secretion directly into the blood vessels but at the same time they discharge an external secretion. This dual secretion is bipolar, possibly alternate, but not simultaneous, like the secretion in the liver. The islands of Langerhans and the acini seem to be reversible after a certain time. Regulation of sugar metabolism also seems to be under the control of the secretion of the islands of Langerhans.

S. E. EARP.

#### DUKES' DISEASE (Fourth Disease).

(*Le Monde Medical*, July, 1919.)

Clement Dukes in 1900 described an eruptive disease to which he applied the name fourth disease, rubeola with its two morbilliform and scarlatiniform varieties being the third.

This new morbid entity is not admitted by everybody, but, however this may be, here is the description thereof elaborated by Professor Hutinel.

The period of incubation is from nine

to twenty-one days, the eruption makes its appearance first, preceded by slight discomfort which must be inquired for.

The eruption is distinctly scarlatiniform and is abundant and general.

No vomiting or only very exceptionally. Dukes mentions one instance thereof.

The tonsils are red and swollen, but the patient complains of no pain or inconvenience in the throat and we have to look at the throat to see the redness. There is no eruption on the mucosa buccal. The tongue is furred, but does not clear toward the fourth day as in scarlatina.

There is invariably moderate fever, the temperature oscillating between 38 and 39 degrees C., though in one instance it rose to 40 degrees C. The temperature falls toward the third or fourth day and returns to normal.

The pulse is rather rapid, but does not exceed 100, no albumen, and feeding does not give rise to it.

Desquamation is copious and general, but no complication is to be apprehended during this stage, which lasts from thirty to forty days. The patient remains contagious for twenty days. The persistence of the desquamation does not seem to be an active agent in spreading the disease.

This is the affection as described by Dukes. On the strength of the absence of digestive disturbances, of scarlatin sore throat and the scarlatin hue of the bucco-pharyngeal mucosa, of renal complications, etc., this observer distinguishes it sharply from scarlatina.

In order to form an opinion it is indispensable not to rely on isolated cases, but to follow the manifestations of an epidemic, because, according to Comby and Lesage, it is especially in the filiation of cases that we shall find the elements necessary to form an opinion.

Certain observers refuse to admit the morbid entity created by Dukes, holding it to be a variety of scarlatina. We can not, however, ignore the fixity of the signs of this fourth disease. We are aware that in every epidemic fixity of

signs is not constant. For instance, in scarlatina we get cases in which the eruption is fugitive or even wanting altogether, while all the other signs are present. These clinical differences constitute different clinical types in other children. Nevertheless, the digestive and pharyngeal phenomena, which are the pivot of the affection, remain constant, the eruption being of secondary importance. In the fourth disease the eruption seems to be the principal feature, all the other characters being accessory.

The duration of the Dukes' disease differs from that of scarlet fever, which is only from two to ten days at most. The fourth disease does not afford immunity against scarlet fever and vice versa.

Very similar to the fourth disease is the affection known as infective scarlatiniform erythema, occurring in the course of various diseases (diphtheria, typhoid fever, etc.), and ascribed to secondary infection of the bucco-pharyngeal mucosa. This erythema, usually secondary, may become epidemic, but it differs from scarlatina by the length of the period of incubation. These erythemas may conceivably bear some relationship to the fourth disease, a question still under consideration.

What, then, is the relationship between the fourth disease and scarlatiniform rubeola?

In epidemics of rubeola there is no fixity in the symptoms; sometimes the eruption is similar to that of measles; sometimes to that of scarlet fever, or it may partake of the characters of both together. Glandular enlargement, present in one, is lacking in another. If in an epidemic of scarlatiniform erythema the glandular enlargement and the morbilliform variety are wanting it may be impossible to make the diagnosis of scarlatiniform rubeola. Consequently, these two elements are lacking in the fourth disease.

The fourth disease does not afford immunity against rubeola and vice versa, and this is an important argument.

With the exception of two cases, remarks Lesage, in which a child had had

true scarlatina, treated by himself, and another of true rubeola, since treated by him, he found it impossible to satisfy himself (on the strength of information afforded by the family, always to be taken with a grain of salt) whether the other children had had either scarlatina or rubeola.

These data, if trustworthy, may be looked upon as pointing to ill-developed scarlatina. It is none the less true that it is difficult to admit as suffering from this disease subjects who have no sore throat or digestive disturbances or furred tongue, in whom, moreover, the period of incubation was thus prolonged.

These scarlatiniform eruptions, it is said, will only be clearly differentiated when the microorganism that is the cause of these manifestations has been discovered and has been inoculated in animals. This very natural desideratum may take many years of research, but meanwhile there is every reason to believe that the problem can be solved by purely clinical means.

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During December, 1917, and January, 1918, there was prevalent in Indianapolis an exanthematous disease which seemed to have a distinct entity, but with a resemblance to, but not possessing, the characteristics generally considered typical of scarlet fever or measles. The writer wrote a letter to Dr. Morgan, secretary of the Indianapolis Health Board, giving a detailed description of Dukes' disease and published an article on the same subject in *The Indianapolis Medical Journal* for February, 1919.

S. E. EARP.

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#### DIABETES MELLITUS AMONG JEWS.

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A few days ago a Hebrew said to me: "A Jew might settle an account for 50 cents on the dollar, but his stomach always gets 100 per cent." That the Jew is especially prone to diabetes is proved by statistics, it is alleged, but it has not been proved satisfactorily that diabetes is hereditary with the Jewish race. This disease seems to be an error of metabo-

ism. If an error in diet will not be the etiological factor in diabetes, we do know that such may be, and often is, the cause of the appearance of sugar in the urine. There may be a glycosuria, but not necessarily a diabetes mellitus. The simple glycosuria is easily amenable to treatment—may lead to diabetes mellitus.

The urine often contains sugar when it has not been utilized, and the blood has been overcharged with it, hence its elimination by the kidneys.

Whether it is the Jews' mode of living, whether it is the tendency to confine marriage within their own race, is a question. It seems to be generally understood that the Jew is a high liver and the best of food and plenty of it is "none too good." However, the English are high livers and often have gout, a disease rarely affecting the Jew. The ancient Jew rarely had diabetes, it is said, so what element has appeared in later centuries?

Epstine, in *Modern Medicine* for July, 1919, says:

"It is known that the number of reported cases of diabetes has recently increased tremendously among all classes. Joslin states that 'if diabetes should continue to increase in the next thirty years at the same rate as statistics show it has increased in the past thirty years, it would rival tuberculosis as a cause of death, and if this rate progressed for another generation diabetes would be responsible for almost the entire mortality of the world. Such a rapid increase is evidence in itself that a fallacy exists somewhere in the statistics.' Convincing proof exists that the rise is not due to increase in the incidence of diabetes, but to a greater frequency in the recognition of the disease and the consequent improvement in the vital statistics on that point.

"The fact that a disease is not recognized is not proof that it does not exist. The reputed prevalence of the disease among Jews is to be ascribed in large measure to the fact that they are prone to seek competent medical advice for their complaints. This view is further supported by the fact that Jews appear

to tolerate the malady better than other people. Thus diabetes is a condition to which the Jew is believed to be unduly susceptible, and at the same time to be very tolerant of it, which is paradoxical to say the least."

If, as some assert, diabetes is a disease of the upper classes and that an overindulgence in food is common, that is, rich in certain elements, we may weigh this thought for a moment and yet we doubt whether the claim is accurate.

The fact that the Jews live where they can get the best medical advice and more cases are diagnosed will hardly be essential. It is true, however, that some physicians, I am told, never fail to make an examination in the case of a Jew patient, when at times this is neglected in the case of many others. Perhaps this thought should receive attention.

The author heretofore quoted calls attention to the testimony of physicians that diabetes is two to six times as frequent among the Jews as it is among other people.

He says that, fortunately, the Jew is interested in his welfare, and by virtue of this fact, can readily be taught the means by which he can preserve his health. He must be made to understand that his predisposition to diabetes is not a racial stigma, from which there is no escape. He must be informed that he possesses many attributes which render him more vulnerable than other people, but that he can overcome them by properly directed effort. For reasons of prophylaxis, it is safer to assume that they actually do fall prey to this disease more often than non-Jews, but it must be clearly understood that this predilection is through circumstance, temperament and choice of habits—all controllable conditions—rather than through any racial proclivity. Moderation in the mode of living, mental poise and physical self-discipline are attributes which the Jew must develop in order to lessen any existing tendency to nervous instability and to nutritional disorders.

The practice of undergoing a physical examination once or twice a year at some

public institution or at the hands of a private physician will aid in discovering diabetes in its earliest stages, when it is most amenable to treatment.

S. E. EARP.

#### DR. TRUDEAU.

Dr. Trudeau was a man of high ideals and was methodical in his efforts to reach them. In spite of his constant struggle with his own disease, his life represents a story well fitted to fire the imagination and to kindle the wonder and admiration of every ambitious young man. His autobiography is soon to be published. It was only upon the insistent urging of several of his nearest friends that Dr. Trudeau consented to write his life history.

He was a frail man, but nevertheless his figure was virile. No one could help but love Dr. Trudeau. His kindly face and his gracious human heart appealed to all.

The writer of this sketch was present when the National Association for the Study and Prevention of Tuberculosis was organized in 1904 at Atlantic City. A goodly number of well known medical men of the United States were present, among them Osler, Janeway, Welsh, Knopf, Trudeau, Thayer, Jacobs, Jacoby and many others whose names are not now recalled. Dr. Trudeau was unanimously elected president. After the preliminary organization he arose and said: "I can not accept this honor; I am unfit for it—" when he was seized by one arm by Dr. Osler and by the other by Dr. Janeway, Dr. Welsh and three or four others coming behind and they fairly pushed him to the platform. The entire audience, fully 500, rose and cheered as this scene was enacted. Dr. Trudeau saw that it was indeed unanimous and that his refusal would not be accepted, and thereupon took the gavel and presided.

This tribute is by Dr. Hurty, who knew Dr. Trudeau intimately. The above interesting and touching appreciation is from the Bulletin of the Indiana State Board of Health. Dr. Trudeau was born October 5, 1848, and died November 15,

1915. We can not too frequently refresh our memory concerning so beautiful a life as that of Dr. Trudeau. Very recently this journal devoted several pages to this subject, and will again. In all respects no one like him has ever lived.

A. W. BRAYTON.

#### THE STATUS OF MILK AS A DIET.

Milk represents the elements that are necessary to nutrition. When we think of its general wholesomeness we call into review casein, lactalbumen and lactose. The fat, says Hutchinson, stands intermediate in amount between the protein and sugar, constituting about 4 per cent. of the total weight and a drop of milk the size of a pin head equals according to Rothschild or contains 1,500,000 separate globules and so finely divided is easy of digestion. The great bulk is water—a little less than 90 per cent. We must recognize that there is a variation and take this into consideration when we are estimating its nutritional qualities.

The author heretofore mentioned calls attention to the fact that curdling of milk must be distinguished clearly from the process of clotting. When milk curdles its casein is simply thrown down in the form of a precipitate without undergoing any further change, while in clotting the casein is altered, making it a new substance. Curdling is due to the production of lactic acid in milk which turns the casein out of its partnership with lime salts and becomes a precipitate. The splitting up of milk sugar and the action of certain organisms is the cause of the lactic acid. By boiling it loses some of its nutritive value. Dilution increases its digestibility and such agents as barley-water and lime-water are but very little better than ordinary water.

In the stomach milk acts as an efficient neutralizer hence in certain diseases of the stomach it has a value beyond that of nutrition. Milk is probably absorbed better than meats and we must bear in mind that it is not all stomach digestion but the intestines have a part to play.

Much has been said about milk being a perfect food. The fact that there is so little residue peristaltic action is not stimulated and for this reason constipation often results and hence the various methods of modification but fresh milk unchanged by increase of its constituents or otherwise can hardly be classed as a perfect food. We must not, however, underestimate its value. It is one of the best articles of diet, but it often needs adjuvants to bring it up to perfection. A simple mixed diet can often be used. So simple indeed in the case of infants that a piece of browned bread, as we know toast, will answer the purpose. It is also true that in infants we should bear in mind that plenty of water in sippings if not otherwise is needful and not omit the use of orange juice in some instances. The J. A. M. A. for July 19, 1919, has an editorial concerning the clotting of milk which is well worth the time it will take to read it. It says:

It is singularly unfortunate that there are such marked differences of opinion regarding a food as nutritious and unique as is milk. The physician who advises its use is continually met with statements as to the intolerance of individual patients toward it. Usually their idiosyncrasy is described as an inability to digest milk; more rarely there are reports of apparent hypersensitiveness to this food suggesting the familiar anaphylactic responses to other dietary articles. By some who are responsible for feeding the sick, the use of milk is studiously avoided whenever the patient expresses an objection to it. Others, on the other hand, follow the dictum expressed by Richard Cabot:

Any one can take milk. If a person tells me, "I cannot take milk," I always say, "You can if you will take it in a certain way." It is a question usually of flavoring it aright or of taking it like soup, with a spoon, with a bite of some carbohydrate substance, cracker or bread, between the sips. I do not think everybody must take milk, but I think everybody can.

The digestion of milk in the alimentary

tract is unique, in contrast with other foods, in that it exhibits the well-known phenomenon of clotting. The clots produced in the stomach vary enormously in size and texture. Sometimes they remain finely flocculent; otherwise they may shrink or coalesce into a hard and leathery mass. It would not be difficult to quote "authorities" for all manner of views respecting the relative digestibility of the precipitated casein in the different forms which it may take in the stomach. Even more varied are the views regarding the conditions or treatment of milk responsible for its clotting in the dense or in the finely flocculent state, respectively. It is natural that the hypothesis of the greater digestibility of a finer suspension of protein should have proved more popular on general principles, yet this is by no means the view held exclusively. To attain a desired type of flocculence, various procedures have been advised. Dilution with water, with lime water, or with cereal concoctions finds advocates. The suggestion to boil the milk; to reduce or augment the fat content, as the case may be; to employ preliminary chemical or enzymatic treatment—these and other proposals have been made, from time to time. It is doubtless true that a dozen claims, mostly conflicting, could be discovered in the literature of advices regarding the ideal mode of preparing milk as a food.

A group of investigators at the Jefferson Medical College have discarded the test tube and beaker, and substituted the human stomach in the study of how milk coagulates under physiologic conditions. The cooperation of a normal man who could regurgitate stomach contents at will supplied an unusual facility for such an investigation. The results observed on him are contradictory to much that is traditional and taught. They tell us, for example, that milk drunk rapidly left the stomach sooner and produced a smaller curd mass than milk drunk slowly or "sipped." This is quite as revolutionary as the now admitted assertion that water drunk at meal time is not an un-mixed evil, or that the "fletcherizing" of

food fails to accomplish any marvels in digestion. Again, it was learned that raw whole cow's milk forms a large, hard curd, whereas boiled milk curds in a much finer and softer form; that the presence of much cream (milk fat) in the milk insures the formation of particularly soft curds which are slow to leave the stomach; that skimmed milk yields a particularly hard curd, owing to the absence of fat; that pasteurized milk shows smaller curds than the raw whole milk but larger than the boiled whole milk, and that cold milk coagulates more slowly than warm milk.

Some of these findings have been reported before. It would be premature to announce them as the last word on the clotting of milk in the human stomach, or to make them the sole guide to the ways of using milk as a food. Thus the question of the effects of heating milk on some of its physiologic properties, such as the antiscorbutic potency, can not be ignored in this connection; nor do the texture and form of the curd necessarily parallel any scheme of digestibility. Perhaps this recital will have served a useful purpose if it directs attention to the inadvisability of offhand pronouncements on subjects still so incompletely investigated and imperfectly understood as are the conditions modifying the alimentary digestion of milk.

S. E. E.

#### THE MAXIMS AND THE WAR.

Hudson Maxim, the inventor, has an artificial left arm. He lost his real arm experimenting with explosives, but he can manage the steering wheel of his automobile better than half the people who own cars. He had to give a demonstration of this before the authorities would grant him a license.

His brother, Sir Hiram Stevens Maxim, inventor of the deadly Maxim machine gun, went to England in 1881 and was knighted by Victoria for his inventions. Hudson Maxim has written recently for the New York Sunday Times, showing that war is an appendage of industry—essentially competitive and commercial

in its origin. What with high explosives and rapid-fire guns, the minds and works of these great inventors have at least shortened the wars of the modern world.

A. W. BRAYTON.

#### A GERMAN DOCTOR ON WAR AND UNLIMITED BREEDING.

"It is madness, the apotheosis of unreason, to wish to breed and care for human beings in order that in the flower of their youth they may be sent in millions to be slaughtered wholesale by machinery. We need no wholesale production of men, have no need of the 'fruitful fertility of woman,' no need of wholesale wares, fattened and dressed for slaughter. What ye do need is careful maintenance of those already born. If the bearing of children is a moral and religious duty, then it is a much higher duty to secure the sacredness and security of human life, so that children born and bred with trouble and sacrifice may not be offered up in the bloom of youth to a political dogma at the bidding of secret diplomacy. A sensible population policy can only be carried out through a vigorous anti-war policy. \* \* \* A population policy based on war and carried on in support of war is a crime against humanity."

Thus does a German doctor, Alfred Fried, put the case against the militarists and the unrestricted breeders—unrestricted for others, not for themselves—in a nutshell. If the damnable junkers had only listened to him, German women and children would not now be dying of actual starvation, thirty million corpses would not be strewn over the face of Europe, the world would have been saved indescribable horrors, and— but what's the use? The whole world was, and with the exception of two or three countries, still is insane.—Critic and Guide.

In xerostomia (dry mouth) rinse frequently with water containing 10 per cent glycerin. Lozenges containing 1-12 grn. of pilocarpine may also be tried.—From Critic and Guide.

## ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators.

### WHEN AND HOW TO USE DIGITALIS.

Dr. Robert Abrahams has an article in the New York Medical Journal for August 23, of which we give this excerpt:

The following four preparations of digitalis can be safely recommended, namely: the tincture, the infusion, the fluid extract and digipuratum. The first three rest in a halo of honored antiquity; the last, though but a stripling in the digitalis family, has stood the test of severe scrutiny and trial within the last few years and emerged triumphant, so that today it ranks among the reliable and dependable preparations of the mother plant.

The dose of the tincture is from twenty to thirty minims every four hours. The larger dose is reserved for the period approaching the crisis. Of digipuratum, from one to three tablets a day, also reserving the larger dose for the critical period of the disease. Of the infusion, from two drams to half an ounce every four hours. I prefer the tincture to the infusion, because it is standardized and eliminates the possibility of using poor leaves in preparing the infusion. An infusion made of fresh English Allen leaves is a very desirable preparation, but frequently it is hard to get. In the severely toxic cases the best method of administering digitalis is by the hypodermic method. The best and most available preparation for that purpose up to the present is digipuratum in ampoules. The dose is one or three ampoules a day, guided by urgency and the necessity of the case. In giving digipuratum hypodermically, I would advise that the needle be plunged deeply into the muscle, instead of inserting it under the skin, the latter method being likely to produce gangrene of the skin.

The following signs indicate that the digitalis is producing the desired effects: First, improved pulse; second, disap-

pearance of cyanosis; third, deeper and freer respiration; fourth, the heart sounds become more distinct; fifth, the louder accentuation of the second pulmonary sound, the very best criterion of progress in the case.

Francis Delafield, whose memory his students revere, and whose teaching is still an inspiration to them, used to advise the following combination of drugs in the treatment of pneumonia.

Fluid extract of digitalis .....m℥  
Fluid extract of convallaria ...mxx  
Potassium iodide .....gr. v  
Distilled water enough to make 1 dr.

This dose to be given every two or three hours.

Delafield's explanation is: "The reason for this combination is that the response to convallaria seems to be better on the right ventricle than on the left, while to digitalis the response is more on the left ventricle, and it is important to increase the force of both ventricles; the iodide of potassium is added to prevent contraction of the small arteries, which is caused by the digitalis and which we do not wish to produce in this case." And be it reverently said of this great American physician that when he said a thing it was so.

How long shall digitalis be continued after defervescence? At least four days, in doses of twenty minims three times a day. In some instances, especially during the convalescence of grippe pneumonias, digitalis should be given for at least one week after the crisis or the lysis. Influenza and its associate pneumonia vitiate the heart muscle more than any other common infection, and the tendency toward rapid and at times irregular heart action is noticeable many days after the subsidence of all signs and symptoms, hence the administration of digitalis during the recuperating period.

### THE PSYCHOLOGY OF WAR.

This is an address by Lt. Col. F. F. Hutchins, of Indianapolis. It was delivered on board the U. S. S. Von Steuben. Dr. Hutchins is a member of the faculty of the Indiana University School of Medicine.

The Trident for August 31, 1919, says:

The subject of an intensely interesting address by Lt. Col. Hutchins, of Gen. Helmick's staff, to the wardroom officers was, "The Psychology of War, as Applied to the Conservation of the Officer."

After contrasting the aftermath of war today with that of a century or more ago, the Colonel pointed out how now the questions and problems raised by war are not to be interred with the signing of peace terms, but the lessons learned to be heeded, and our knowledge gained to be taken advantage of, and the problems to be solved, is possible, for their future value. There are great problems to be worked out and settled, and one of the greatest is that of the officer. He is to be the central figure for consideration in our army of the future. He can't be made by putting shoulder straps on him. It costs \$35,000 to bring him up to the grade of captain from West Point. In the army and the training thereof, he is to be one of the most necessary assets. What, then, will make the efficient officer? Not muscle alone. Not education alone. They are factors of primary requirement that are taken for granted. More and more we are learning that the mental atmosphere of armies is a great deciding factor in their success.

Brain, or mind, has two qualities, the one intellectual, the other emotional. The first, of course, is important. It has to do with facts, with truths, and the officer must have them through the usual course of acquisition. It is exceedingly necessary for the officer to have accurate knowledge gained by intellectual process. The facts so gained do not change. But for the winning of battles, the emotional quality of the mind—the spirit, the morale, a thing very easily changed, is perhaps just as frequently the deciding fac-

tor of success as the cold facts of organization, of numbers, of matters decided by the intellectual quality of the mind. This more uncertain, more unstable quality of emotional tone, of the officer and of his men, since it has proved to make so strongly for success, is the quality we must cultivate and conserve, especially in the officer, that he may pass it on to his men. We must take good care in the training of the officer to show him what this quality is, and its value. It must be as scientific as the other and more fixed quality.

The emotional tone through nervous system exercises a definite action upon body chemistry. The mental condition of the soldier is reflected physically, and morale has a physical effect. These matters should not be left to chance, but every officer should understand the basic conditions of physical fitness, intellectual ability and proper emotional tone, and have a practical knowledge of the scientific methods necessary to develop these qualities. Such an understanding leads to the efficiency of the organization, the very winning of the battle itself.

### PPLICATION OF THE CECUM.

The following excerpt is taken from an article in the Western Medical Times for September. It is from one of a series of articles by Dr. Douglas H. Stewart, of New York City, this being the thirty-sixth. The articles have all been of the highest value and have done much good.

Many cases of appendicitis have been operated upon when it was very possible that the appendix was at fault and was diseased, but the removal of that organ was no more urgently indicated than was the importance of plicating the so-called redundant or dilated colon. If this plication was performed at some later search, all symptoms were relieved, though they were not relieved until that later time, nor until plication was an accomplished fact. The worst instance in the experience of the writer was a woman in whom the plication was the eighth operation that the patient had undergone. Yet that patient seemed to think that



last procedure was the only successful one of the lot. Perhaps there are no greater surgeons than this woman had employed, so that the issue was very clear. Plication was one of the measures indicated, and it was the only one that she did not obtain. How plication stops dysmenorrhea and uterine pains is a baffling phase of the question. The patients are very strong in their assertion that it often does so. There it stands for the present.

One can not determine readily, from sight alone, whether plication is or is not indicated. By touch he may do so at once; because he becomes aware that there are spots of areas in the colon wall that are akin to internal hernias. If he covers such spots by drawing the longitudinal bands or fibers closer together, then all will be well, whereas, if this be not done, the patient never will be well, but will join the large ranks of the auto-toxemics, whose one thought in life and whose one fervent prayer is, "Give me this day one real bowel movement."

In order that the bands may remain together after being stitched, it is necessary either to paint a little of a 3 per cent. tincture of iodine upon the surfaces that are to adhere and that are to remain permanently adherent, or else, with a piece of gauze to rub a little brush burns, as it were, upon the colonic wall. In either case the stitches are to be introduced in such a manner that the iodine streak of the friction streaking shall be covered by the infolding that occurs when those stitches are properly placed and knotted. It may be well to remember that any stitches, whether single or continuous, should never cross any tinea. This will make certain that no stitch runs more than one-third of the way around the circumference of the colon, and makes strangulation impossible or other possible untoward results negligible. Also, care should be taken that each stitch is inserted into a tinea, slightly into the circular muscles between the ileas and into the neighboring tinea. This gives a good hold on strong tissue. When such a stitch is drawn

tight, or sufficiently tight to make a bulge or pseudo-hernia disappear, then the tension is exactly correct.

#### PRINCIPAL CAUSES OF DEATH.

##### Census Bureau's Summary of Mortality Statistics.

WASHINGTON, D. C., June 25, 1919.—The Census Bureau's annual compilation of mortality statistics for the death-registration area in continental United States shows 1,068,932 deaths as having occurred in that area in 1917, representing a rate of 14.2 per 1,000 of population. Of these deaths, nearly one-third were due, to three causes—heart diseases, pneumonia and tuberculosis—and nearly another third resulted from the following nine causes: Bright's disease and nephritis, apoplexy, cancer, diarrhea and enteritis, arterial diseases, influenza, diabetes, diphtheria and bronchitis. The death-registration area of the United States in 1917 comprised 27 states, the District of Columbia, and 43 cities in non-registration states, with a total estimated population of 75,000,000, or about 73 per cent. of the estimated population of the United States. (The territory of Hawaii has recently been added to the registration area, but the figures given in this summary relate only to continental United States.)

The deaths from heart diseases (organic diseases of the heart and endocarditis) numbered 115,337, or 153.2 per 100,000 of population. The death rate from this cause shows a noticeable decrease as compared with 1916, when it was 159.4 per 100,000. There have been fluctuations from year to year, but in general there has been a marked increase since 1900, the earliest year for which the annual mortality statistics were published, when the rate for heart diseases was only 123.1 per 100,000.

Pneumonia (including bronchopneumonia) was responsible for 112,821 deaths, or 149.8 per 100,000. This rate, although much lower than that for 1900 (180.5), or for several succeeding years, is higher than that for any year during the period 1908-1916. The lowest record-

ed rate for pneumonia was 127 per 100,000 in 1914. The mortality from this disease has fluctuated considerably from year to year since 1900, the general tendency having been downward until 1914, and upward from 1914 to 1917.

Tuberculosis in its various forms caused 110,285 deaths, of which 97,047 were due to tuberculosis of the lungs. The death rate from all forms of tuberculosis was 146.4 per 100,000, and from tuberculosis of the lungs, 128.9. The rate from tuberculosis of all forms declined continuously from 200.7 per 100,000 in 1904 to 141.6 per 100,000 in 1916, the decrease amounting to nearly 30 per cent., but for 1917 an increase is shown. Until 1912 more deaths were due to tuberculosis than to any other single cause, but in that year and during the period 1914-1917 the mortality from tuberculosis was less than that from heart diseases, and in 1917 it fell below that from pneumonia, also.

Bright's disease and acute nephritis caused 80,912 deaths, or 107.4 per 100,000. The mortality rate from these diseases has increased from 89 per 100,000 in 1900, with some fluctuations from year to year, and since 1914 the increase has been continuous.

Apoplexy was the cause of 62,431 deaths, or 82.9 per 100,000. The rate from this disease increased gradually, with occasional slight declines, from 1900 to 1912, and since 1913 the increase has been continuous.

Cancer and other malignant tumors caused 61,452 deaths, of which number 23,413, or 38 per cent., resulted from cancer of the stomach and liver. The rate from cancer has risen from 63 per 100,000 in 1900 to 81.6 in 1917. The increase has not been continuous, there having been three years—1906, 1911 and 1917—which showed declines as compared with the years immediately preceding. The decrease in 1917 as compared with 1916, however, was very slight—from 81.8 to 81.6. It should be borne in mind that at least a part of the increase in the death rate from cancer may be apparent rather

than real, being due to a greater degree of accuracy in diagnosis and to greater care on the part of physicians in making reports to registration officials.

Diarrhea and enteritis caused 59,504 deaths, or 79 per 100,000. The rate from this cause has fallen somewhat in recent years, having been 90.2 in 1913, and is much lower than the corresponding rate for 1900, which was 133.2. More than four-fifths of the total deaths charged to these causes in 1917 were of infants under two years of age.

Arterial diseases of various kinds—atheroma, aneurism, etc.—resulted in 19,055 deaths, or 25.3 per 100,000. The rate from these causes increased continuously from 6.1 in 1900 to 25.6 in 1912, since which year it has fluctuated somewhat without showing any pronounced change.

Influenza was responsible for 12,974 deaths, or 17.2 per 100,000. This rate is the highest shown for any epidemic disease in 1917, but is much lower than the corresponding one for the preceding year, 26.4 per 100,000. The influenza rate, which fluctuates greatly, was higher in 1901, when it stood at 32.2, than in any subsequent year prior to the occurrence of the recent epidemic.

Deaths from diabetes numbered 12,750, or 16.9 per 100,000. The rate from this disease, although slightly lower than in 1916, has risen almost continuously since 1900, when it was 9.7.

Next to that for influenza, the highest rate appearing for any epidemic disease in 1917 was for diphtheria, 16.5 per 100,000, representing 12,453 deaths. The rate from this disease was somewhat higher in 1917 than in the preceding year, when it stood at 14.5 per 100,000.

Bronchitis caused 12,311 deaths, or 16.3 per 100,000. This rate is lower than that for any preceding year except 1916, when it was 16.2. The proportional decline from 1900, for which year the bronchitis rate was 45.7, to 1917, amounting to 64 per cent., was greater than that shown for any other important cause of death.

**Typhoid Fever.**

Typhoid fever resulted in 10,113 deaths, or 13.4 per 100,000. The mortality rate from this cause also has shown a remarkable reduction since 1900, when it was 35.9, the proportional decrease amounting to 63 per cent. This highly gratifying decline demonstrates in a striking manner the efficacy of improved sanitation and of the modern method of prevention—the use of the antityphoid vaccine.

**Measles, Whooping Cough and Scarlet Fever.**

These three children's diseases were together responsible for 21,723 deaths of both adults and children, or 28.8 per 100,000. The rates for the three diseases separately were 14.3, 10.4 and 4.2, respectively, as compared with 11.1, 10.2 and 3.3 in 1916. As in 1913 and 1916, the deaths due to measles outnumbered those resulting from either of the other diseases, but in 1914 and 1915 whooping cough caused the greatest mortality. In every year since and including 1910, as well as in several preceding years, measles has caused a greater number of deaths than scarlet fever.

**External Causes.**

Deaths due to external causes of all kinds—accidental, suicidal and homicidal—numbered 81,953 in 1917, corresponding to a rate of 108.8 per 100,000 population.

The greatest number of deaths charged to any one accidental cause—11,114, or 14.8 per 100,000—is shown for falls. The rate for this cause varies but slightly from year to year.

Next to falls, the greatest number of accidental deaths—8,649, or 11.5 per 100,000—resulted from railroad accidents and injuries. This rate is greater than the corresponding rates for 1914, 1915 and 1916 (10.7, 9.9 and 11.3, respectively), but is lower than that for any year from 1906—the first year for which deaths from this cause were reported separately—to 1913, inclusive.

Burns—excluding those received in conflagrations and in railroad, street car and automobile accidents—were respons-

ible for 6,830 deaths, or 9.1 per 100,000. The death rate from burns was greater than that for the preceding year, 8 per 100,000, and was also greater than the rate for any earlier year covered by the Bureau's records, with the exception of 1907.

Deaths from automobile accidents and injuries in 1917 totaled 6,724, or 8.9 per 100,000 population. This rate has risen rapidly from year to year, but not so rapidly as the rate of increase in the number of automobiles in use.

Accidental drowning caused 5,500 deaths, or 7.4 per 100,000. This rate is considerably less than that for any preceding year since 1910, and is also decidedly below the average for the decade 1901-1910.

Deaths due to accidental asphyxiation (except in conflagrations) numbered 3,375, or 4.5 per 100,000. This rate is somewhat higher than that for any year during the preceding ten-year period.

Mine accidents and injuries resulted in 2,623 deaths, or 3.5 per 100,000. This rate is greater than the rates for the preceding three years, and for 1912, but is lower than those for other recent years.

Deaths due to injuries by vehicles other than railroad cars, street cars and automobiles numbered 2,326, or 3.1 per 100,000. The rate from this cause has declined somewhat during the past ten years, probably because of the decrease in the use of horse-drawn vehicles.

Deaths resulting from street car accidents numbered 2,277, corresponding to a rate of 3 per 100,000. This rate is greater than those for the two years preceding and is the same as that for 1912, but is less than the rates for other recent years.

Machinery accidents caused 2,112 deaths, or 2.8 per 100,000, a rate materially greater than that for any preceding year covered by the Bureau's mortality records.

Hot weather caused 1,964 deaths, or 2.6 per 100,000. This rate is considerably above those for most of the years covered by the Bureau's records, but is

somewhat lower than 2.9 in 1916 and is far below 5.3 in 1911. The rate from this cause naturally varies greatly from year to year.

The number of suicides reported for 1917 was 10,056, or 13.4 per 100,000. This rate is the lowest shown for any year since 1903.

Other deaths due to external causes, including homicides, totaled 18,353, or 24.4 per 100,000.

#### LUMBAR PUNCTURE AS A FACTOR IN THE COURSE OF MENINGITIS.

In speaking of lumbar puncture as a factor in the causation of meningitis, Wedgeforth in the American Journal of the Medical Sciences makes this deduction:

It has been found, clinically, that infections of the meninges occur not infrequently following the release of normal spinal fluid by lumbar puncture during a septicemia. The withdrawal of the spinal fluid should be seriously considered as a causative factor in the production of meningitis under certain conditions. As a prevention in diagnostic lumbar puncture Dr. Wedgeforth recommends (1) that careful consideration be given the bacteriological study of the blood before such punctures are attempted; (2) that in acute diseases, in the absence of definite signs of irritation of the central nervous system, lumbar puncture should be avoided unless it is first conclusively shown that the blood stream is free from infection; (3) that where the clinical symptoms are such as to render a lumbar puncture advisable, minimal quantities of the fluid should be withdrawn, sufficient only to permit necessary laboratory tests to be made; (4) that small-bore needles should be utilized in performing the operation to prevent as much as possible subsequent leakage of spinal fluid into the surrounding tissues. E.

#### MENTAL DISORDERS ASSOCIATED WITH OLD AGE.

Sir George H. Savage, discussing the lines of decay, refers to Oliver Wendell Holmes' reference on dissolution, but

points out that the human body dissolves in parts and not along the lines of the "old shay" which was so marvelously built that every part of it would just last one hundred years, when it dissolved and disappeared. He also points out the importance of the hereditary quality of old age and of the diseases of old age and that devolution is not as regular as evolution. It is of importance to recognize that what might be called the most essential function or element of mind—memory—is one of the first to suffer. A morbid loss of memory may prove of considerable importance from a medico-legal point of view, as in the case cited of the man who had four sons and made a will leaving his money to all four, although three of them were already dead. The effects of mental denudation are illustrated also in the case of the father who received his prodigal daughter with open arms, only to turn against her again later and cut her out of his will. Or in the case of the old man of 74, who after living happily enough with his wife for forty years and more, began to threaten her life on account of an incident which had occurred forty years previously and which he had forgiven at the time. Other cases occur in which a man's memory may be extremely bad and his will capacity quite good. In giving a certificate as to testamentary capacity, it is not necessary always that the memory should be good. On the other hand, the loss of memory may be only temporary. In other cases, recent happenings may be forgotten, while older experiences are vividly recalled. The author cites several cases in illustration and shows that loss of memory with denudation which is supposed to be associated with loss of brain function, may be very dangerous. He then turns his attention to another feature, that of loss of control, reminding us that years ago Hughlings Jackson pointed out that there was layer upon layer of the nervous system, that the last developed was the highest in function, the great controller, and that by the removal of something, power seemed to be increased; that is, control being removed, the next function or part of the brain

reacted to stimuli much too vigorously, so that with loss of control there was often exaggerated action. One of the most troublesome of the minor symptoms to which this loss of control leads is the restlessness of old age; e. g., the old man of from 60 to 80 with grandiose ideas who wants to marry or is for ever starting new schemes. Another feature is the sleeplessness of old age. The hysterical emotional condition is another serious complication which not only lays the aged open to undue influence by others, but leads to many sexual complications and indecencies. Again, there are the cases of mental depression or senile melancholia, obsessed with imaginary bodily or mental troubles; and the cases of what the author calls the "saturated solution of grief," as, for instance, the bishop who feels that he was never fit to be a bishop, the old doctor who thinks he has aneurysm or cancer, the business man who imagines he is ruined. "Every senile melancholic is a suicidal person" is an axiom of the author's, which is particularly true of the mercantile man who believes he is ruined. Finally, the author takes up the hallucination group, in which there is pure sensory disorder. In such cases the same symptoms occur both with evolution and dissolution; the youth on the road to dementia precox suffers from hallucinations of smell and of sight very similar to those met with in the aged, and here the author points out that the organ of smell, though a lower one, is very highly organized and is closely associated with our whole mental stability and mental growth. A study of the cases cited, as the author states, teaches the importance of learning one's limitations, and not only one's own but normal limitations. He points out, however, that lots of people, though old, are useful, and that a person who has had energy enough to live to 80, probably has a reserve energy which can be called upon when required. He would therefore consider a patient who broke down at the age of 60 more hopefully than one who broke down mentally at 16. He adds that we must remember that

many of the best, brightest, and most intellectual people die "at the top."—Lancet Medical Record, July 19, 1919.

#### THE SEARCH OF "CICATRIZING" SUBSTANCES.

The application of accurate methods of measurement, of quantitative procedures, in any branch of science marks a step in the direction of progress. This has been quite as true in medicine as in other fields, such as physics and chemistry. Eye defects are corrected through accurate measurement; metabolic upsets are ascertained through urinary analysis; gastric disturbances are diagnosed through the quantitative examination of stomach contents; febrile symptoms are ascertained by thermometric readings, and blood pressure is evaluated with the help of a manometer. Perhaps these few illustrations will suffice to dispel the impression of uniqueness which may be generated by the application of mathematical laws and formulas to the problems of healing wounds. This procedure has been introduced by Carrel and his associates in their war-time studies of wound healing. The technic involves the accurate measurement of the area of the wounds, to which sterilized cellophan is applied for this purpose, the edges being outlined with a pencil. The area of the drawing can then be ascertained. According to Carrel, cicatrization of a wound is due to two different factors: contraction and epithelization, the former being the more important. Du Nouy maintains that when the wound is kept aseptic, its rate of cicatrization can be represented by a geometric curve and expressed mathematically. One variable is the age of the patient. Given the latter and the area of the wound, so we are told, one can forecast the rate of normal healing. Aside from its prognostic value, the quantitative study of wound areas has made it possible to ascertain the possible usefulness or harm of various antiseptics which the war has brought forth in large numbers for trial. Most of them are reported to be irritating and more or less detrimental to the nor-

mal progress of cicatrization. Du Nouy now asserts that no such product as a "cicatrizing substance" has yet been discovered. The ideal conditions of perfect and most rapid healing is realized, he states, when the wound is kept practically sterile, or deprived of pathogenic micro-organisms such as cocci, diplococci and streptococci.—J. A. M. A. Aug. 9.

#### HABITUAL CONSTIPATION AND DIET.

Probably no subject in the entire category of human ills has been discussed so frequently or at so great length as that of habitual, obstinate constipation. One reason for this is that the condition is extremely common, and another reason is that it is not only very troublesome but is often the forerunner of severe and serious sequelae. Long continued constipation is essentially a disease of civilization and is due largely to methods of living. Diet is a factor of considerable consequence; inappropriate food, eaten at unsuitable times and in injudicious quantities, has much to answer for in this respect. Eating and drinking unwisely but too well are potent causes of constipation. A sedentary life is another contributory cause which must be taken into account, as it is obvious that fresh air and exercise go far in stimulating the intestines and rendering the function of defecation more easy. The habit of daily evacuation can be generally acquired. But the habit of taking aperients to relieve the condition should not be acquired, for like all bad habits, it is difficult to break and makes an almost intolerable state of affairs.

Constipation may be due to the contents of the bowel being dry and impacted because they have been too long retained in the lower bowel or from indiscretions in eating and drinking, and especially perhaps in the drinking of strong tea or too great indulgence in alcoholic beverages, or because the aperient which has been taken habitually has a secondary constipating effect. In other cases, constipation is to be attributed to a lack of

expulsive power, frequently due to a sedentary life and a consequent lack of tone in the bowel. The diet is always of prime importance the rougher kinds of bread—whole wheat or bran bread, should be taken, war bread in fact. In this connection the statement may be interpolated that war diet generally and war bread in particular must have exerted a favorable effect on the digestive tract and on peristalsis. Undoubtedly, bread made from highly milled wheat flour was responsible for much of the constipation so prevalent in civilized countries. It has been stated that an essential element of food was lacking in the highly milled product and also that such bread could be eaten with little mastication. The food eaten has been smooth and bland, requiring no particular exertion on the part of the jaws or salivary glands to render it fit to swallow and requiring little effort on the part of the digestive organs or gastric juices. In the opinion of many qualified to speak with authority, the universal custom in civilized lands, especially in America, of eating large quantities of soft, pappy pre-digested foods provides an explanation of why habitual constipation has become the bane of civilization. If the war has the effect of bringing into dietetic vogue again the cereals not denuded of that portion which contains the vitamins and which provides the grinding apparatus with its requisite amount of exercise, inciting the salivary glands to perform their intended function, and which gives the digestive organs that work necessary for keeping them in proper order, it will not have been in vain. It will not appear arrogant to predict that a diet partly composed of food material of this nature, at any rate, of the rougher kinds of bread, whole wheaten or bran, will aid greatly in removing the reproach that a civilized race is a constipated race. A reversion to more primitive methods of living and, in any event, of eating, will be of benefit to the race regarded from all points of view.—N. Y. Medical Journal, August 16, 1919.

### SIR WILLIAM OSLER AT SEVENTY— A RETROSPECT.

No physician occupies a higher place in the esteem and affection of the English-speaking medical profession than Sir William Osler. For many years his name and his words, written or spoken, have carried an appeal to the mind and heart of physicians as no one else's, and they do so still today. To explain fully this matchless power, this intellectual and moral force, is a far greater task than we would pretend to attempt at this time; but in the interest especially of the rising generations of physicians, the present occasion seems a suitable one on which to point out some of the chief landmarks along the road traveled by the beloved and honored septuagenarian on the way to his high place.

The friends of student days in Toronto and at McGill University in Montreal have recorded that he followed no traditional course, but worked much in the hospital and especially the postmortem room, and that unlike most of his fellow students he troubled himself apparently but little about examinations and mere book knowledge. His graduation thesis on topics in pathologic anatomy was awarded a special prize "because it was greatly distinguished for originality and research." After two years of study abroad, he began to teach pathology in Montreal. He was then 25 years old. Before long he was teaching medicine in the wards also, and he seems quickly to have given himself so completely over to teaching, anatomic and clinical observations, and literary and medical society work as to leave little time for private practice and the cultivation of opportunities to earn money, caring apparently but little about the morrow. Many papers were published these years: those on prodromal rashes in smallpox, on blood platelets, and on infectious endocarditis may be mentioned as examples of the more important. From the first he made a hit as a successful teacher who aroused enthusiasm and stimulated independent work. One more significant fact in regard to the Montreal phase of Osler's career should not be overlooked,

namely, the deep and actively helpful interest in the student himself which has characterized his relations to students and young physicians throughout the succeeding years.

It is remarkable how early he attained certain fixed and dominant characteristics that have contributed alike to his usefulness and distinction. Any adequate account of just how various early influences worked together to give such a distinctive and definite bent to Osler's career from its very inception has not been made. It will be an interesting story. Palmer Howard and James Bovell, Canadian physicians of rare quality, are said to have influenced his medical work and outlook more than others. In 1884, Osler went to Philadelphia as professor of clinical medicine in the University of Pennsylvania Department of Medicine. His new colleagues were not a little astonished at first because he steadily turned aside all temptations to private practice in the usual sense but remained strictly teacher and consultant, thus securing the desired leisure for study in hospital, laboratory and library. His demonstrations in the pathologic society drew to him the younger men of the profession especially, an example of sharing the stores of observation all too little followed by leading teachers of clinical medicine and surgery, with an occasional exception like Fenger in Chicago. Many notable articles were published, and while in Philadelphia another side of Osler not yet referred to revealed itself fully, namely, his keen interest in medical history and biography and his gift for letters. In "Who's Who," bibliography is given as his sole recreation.

From this period dates the beginning of a series of addresses and essays of high literary merit: now rich with results of diligent search in medical scriptures, always hopeful and cheery, inspired by lofty ideals and an instinctive spirit of kindness, they belong, many of them, more to the permanent "literature of power" than to the short-lived "literature of knowledge," and every physician should have them in his library. He has stimulated greatly the interest in our

own medical history, and we owe to Osler vivid sketches of the lives and work of early leaders of the profession in this country—Nathan Smith, Bartlett, Jackson, Bigelow, Alonzo Clark, Gerhard and others—with whom it was his ambition to be ranked. "The chief desire of my life has been to become a clinician of the same stamp with these great men, whose names we all revere and who did so much good work for clinical medicine."

As no one before him in this country, Osler illustrated that years of hospital work and observation give better equipment for teaching clinical medicine than practice as ordinarily pursued; hence, when the Johns Hopkins Hospital was opened in 1889, he was the first choice for the head of the department of medicine. And now began the most productive and fruitful period in his professional life. His cherished ambition to build up a great clinic in this country was to be fulfilled. Under the liberal and enlightened policies of the new institution in Baltimore, he rapidly organized a model medical clinic, one of the best, and the first and long the only one of its kind in this country. Here medical students were taken into the wards as units in the working force of the hospital; young physicians were trained through graduated services for higher careers in clinical medicine, and knowledge advanced by systematic study and investigation. Beloved by colleagues, assistants, students, he inspired them, as a colleague has said, with extraordinary stimulus to high endeavors. The result was a great contribution, sorely needed at the time, to medical education and to clinical medicine, which makes one of the brightest pages in our annals.

The work done by Osler and his associates during this period is now woven into the fabric of modern American medicine. It was a wonderfully productive period. His influence as writer and speaker expanded; he preached a vigorous gospel of sanitation, particularly with reference to typhoid fever; he promoted the work of medical societies and

libraries, and entered deeply into the life and interests of the profession generally. "With the general practitioner throughout the country my relations have been of a peculiarly intimate character," and few if any have enjoyed in such remarkable degree, the warm personal friendship and admiration of physicians everywhere. He was the high priest of lofty ideals, harmony and friendly cooperation. Always the close, kind friend of his students and assistants, many a fumbling beginner has been gladdened unexpectedly by his generous encouragement.

In 1905, Osler accepted the Regius professorship of medicine in Oxford University. While we have not been able to follow his many activities so closely as when he was here, we have had continuous evidence that his work has gone on with undiminished vigor, and that his relations to the profession at large and his interest in its welfare have undergone no other change than in the place of immediate manifestation. Neither wealth nor fame has turned him away from the calm course he laid out for himself while still a very young man. His recent utterances, in a chapter on the treatment of disease, on the exploitation through impudent advertising of pseudoscientific preparations of questionable value by powerful manufacturing pharmacists have the familiar Oslerian ring and hit the bull's eye in the center. In place of a more or less noticeable tendency to therapeutic vagaries he would place "a stern, iconoclastic spirit which leads, not to nihilism, but to an active skepticism born of a knowledge that recognizes its limitations and knows full well that only in this attitude of mind can true progress be made."

And now we must take leave again of our friend and teacher. The American Medical Association sends him its heartiest congratulations on his seventieth birthday, and warm assurances of gratitude and affection. And to our young men, coming on the scene, we would recommend careful heed of these words from Osler's response at the farewell dinner tendered him at New York May 2, 1904:



"I have had three personal ideals: One to do the day's work well and not to bother about tomorrow. You may say that is not a satisfactory ideal. It is; and there is not one which the student can carry with him into practice with greater effect. To it more than anything else, I owe whatever success I have had—to this power of settling down to the day's work and trying to do it well to the best of my ability, and let the future take care of itself.

"The second ideal has been to act the Golden Rule, as far as in me lay, toward my professional brethren and toward the patients committed to my care.

"And the third has been to cultivate such a measure of equanimity as would enable me to bear success with humility, the affection of my friends without pride, and to be ready when the day of sorrow and grief came to meet it with the courage befitting a man."

—Editorial J. A. M. A., July 12, 1919.

#### FREEDOM'S CALL.

Dr. Curran Pope, of Louisville, Ky., one of the collaborators of the Indianapolis Medical Journal, recently delivered a patriotic address entitled *Freedom's Call*, of which the following is an excerpt:

Noble, valiant, decimated France.

And England? Anglo-Saxon England; the England whose British blood of kinship flows through our veins. Ah! England, mistress of herself and of the Seven Seas. England, the home of Magna Charta, liberty and justice. Sound, solid, substantial old England. John Bull, we love your rotund, burly form; you are bone of our bone, flesh of our flesh; you are Anglo-Saxon, and so are we; you speak English, and so do we.

It has taken an Anglo-Saxon basis to fight this war, and it will take the American Anglo-Saxon to make victory possible. How we admire your dogged persistence, your wonderful cheer and grit, your undaunted courage, but could we expect anything else from a nation who chose as symbols the Lion and the Bulldog? And it will take the courage of the Lion and the tenacity of the Bull-

dog to teach the Hun that even though not an invading foot has been placed upon the Fatherland, that nevertheless he is going to be taught the lesson, and taught it well, that this is a world in which insolent imperialism, dominating militarism and contempt of law can not and shall not survive so long as the liberty-loving nations have one pound of treasure or a single fighting man left. One can not say that the end of this grim, horrible and uncivilized war is in sight, but we all know a new day is breaking and in its better light we may be able to see anew. We are not sending our young men abroad to foreign battle fields; we are not laboring in the field and factory; we are not paying the price for nothing. We are beginning to feel the burden of sorrow, the cost in treasure, but no one would or can turn back. The clarion call to arms, the need of Anglo-Saxon aid has been answered; Tommy Atkins and Doughboy stand shoulder to shoulder with Poilu, Canadian, Pathany, Egyptian, Anzac and Ethiopian, ready to battle for a cause that had its foundation roots beneath a mighty oak, in good old England. John, King though he was, little dreamt that the acorn planted by the Barons of his day would grow into the mighty oak of Liberty and that those principles would actuate men of every clime, every color and every creed. From out of your wonderful little island and your patriotic, noble colonies you have poured a stream of men whose deeds of valor will ever remain written upon the escutcheon of fame; men who have never faltered; men who have known how to fight and die; men game as a fighting cock and cheery as a ballad singer have written your name for courage on the golden tablets of fame. From out the cornucopia of your treasure house British gold has flowed as freely as blood upon a battle field, and those who know the Anglo-Saxon know that he will never stop until victory has perched upon his banner, "Brittania (still) needs no bulwarks, no fires along the steepes," but remains as ever the mistress of the seas. It was your fleet that stood undaunted, unbeat-

able, in wind and weather, in sunshine and in storm, against the terror above and below the deep, a bulwark between civilization and savagery, between victory and defeat. It was this supremacy that has meant much to liberty, peace and permanent contentment of peoples. Only when the great Anglo-Saxon principles of freedom shall be fully established will we allow the dove to return, birds to nest in the mouths of great canons and permit the wearied to rest from their arduous labors. Then, and then only, can we feel assured that nations, like individuals will come into court with clean hands, that life, liberty and the pursuit of happiness is secure, that the lion and the lamb will lay down together, and that man will love his fellowman.

Today "Grim visaged war hath smooth'd his wrinkled front" and "it is over, over there." We have waged a war that has effaced sectionalism; that is no north or south, or east or west, but an United America, welded together in the melting pot of War. Once again we must close the gates of the Temple of Janus, mark the cessation of strife, and turn to Him whose advent in a lowly manger brought to the world that greatest of all messages, "Peace on earth, good will to men." Let us make a solemn pledge that we will, in thought, act and deed, support the principles of free government, renewing our faith in the triumph of right and justice. Let us with bowed and uncovered head salute our flag, whose noble folds we will never permit to be dragged in the dirt of defeat or the mire of dishonor. When neighing steed, when screeching shell, when piccolo, fife and drum shall cease their martial music, when war's wild alarms no longer call to arms, then let us toll again that bell whose sweet tintinnabulations marked the era of the Independence of Nations. Its voice may be old, its precious sides may be cracked, but its tones will be sweet, its melody harmonious, for it will ring out an anthem of liberty, tuned to and touching the hearts of untold millions, an anthem heard the whole world over.

Then we shall come to understand and appreciate in a new light this wondrous saying:

"This nation, under God, shall have a new birth of freedom, and that government of the people, by the people, for the people, shall not perish from the earth."

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#### DOCTOR KILLED IN BEIRUT.

Major Edward Kent Armstrong of Cape May, N. J., who has been engaged in relief work for the American Red Cross in the Holy Land, was instantly killed in an automobile accident at Beirut on the night of May 31st, according to a cable message received July 1st, at Red Cross Headquarters. He sustained a fractured skull when the car in which he was riding plunged over the side of a thirty-foot culvert.

Major Armstrong, who is well known in Chicago, where he practiced medicine for a number of years, had been in Red Cross service overseas since April, 1918. For several months he was engaged in child welfare work in France, leaving for Palestine last January to take up similar work in that country. He was a graduate of the University of Illinois and an associate professor of pediatrics at that institution. At one time he was superintendent of the Communicable Disease Hospital at Chicago and attending physician at the children's department of the Cook County Hospital. The cable message says Major Armstrong was buried in the American cemetery at Beirut with full military honors.

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#### PREVENTION OF MIGRAINE.

Pagniez and his co-workers, three years ago, reported a case of severe recurring urticaria of alimentary origin which they cured by having the subject eat a small amount of toxic substance in question one hour before the meal. This practical application of the laws of anaphylaxis proved completely successful in this and several similar cases, showing that the first case was not an exceptional instance. The same reasoning and treat-

ment was applied to migraine, and it has proved remarkably effectual in the five cases here described. The five men and women had been subject to migraine for years, rebellious to all measures. Then one took 0.50 gm. of peptone half an hour before the two principal meals for two weeks, and was free from migraine during that period and for six days after its suspension. Then he had an attack, and resumed the peptone for five weeks and had no further attacks during this period or afterward for six months except a slight headache every ten or fifteen days. At the end of the six months the migraine returned every day, moderately intense. The peptone was resumed for three weeks, and there was no further migraine for nearly two years.

The man's life was completely transformed by the success of this treatment which had not only freed him from the distressing and incapacitating migraine but the functioning of the digestive tract had been transformed as well, losing his flatulence, drowsiness after meals and distress after eating meat and eggs. This patient was a man of 34 who had been subject since the age of 10 to "sick headaches" twice a week, with intense migraine about every six weeks. All the five patients seem to have been definitely freed by the courses of peptone from their tendency to migraine. Other cases of migraine were not modified in the least by the use of peptone. By examining for what Vidal calls the crise hémoplasiqwe we may be able to distinguish the cases in which this peptone treatment will succeed. It is based, of course, on Besredka's method now commonly used in serotherapy for warding off anaphylaxis by a small preliminary injection of the antiserum. Its success in certain cases of migraine seems to rank this malady as an alimentary anaphylaxis.—Abstracted by Jour. A. M. A. from *Presse Medicale*, April 3, 1919.

Too many obstetric operations are performed and Hegar claimed that the mortality resulting from the increased num-

ber of bostetric operations counterbalanced the gain made by the introduction of asepsis into obstetric practices.—From Critic and Guide.

Doctor—"I'm afraid your poor husband is beyond help. I can hold out no hope."

Voice from Bed—"Ere, 'oo are yer getting at? I ain't a-goin' to snuff out."

Wife—"You leave it to the doctor, dearie; 'e knows best!"—Pharm. Adv.

"Freeze it," said the neighbor;

Said the parent, "Ain't that nice."

An ice-bag laid on Johnnie,

And then Johnnie laid on ice."

—L. M. K., in *Medical Pickwick*.

#### REQUIEM.

Under the wide and starry sky,  
Dig the grave and let me lie.  
Glad did I live and gladly die,  
And I laid me down with a will.

This be the verse you grave for me:  
Here he lies where he longer to be;  
Home is the sailor, home from sea,  
And the hunter home from the hill.

—Robert Louis Stevenson, in *Medical Pickwick*.

A tourist while traveling in the north of Scotland, far away from anywhere, exclaimed to one of the natives, "Why what do you do when any of you are ill? You can never get a doctor."

"Nae, sir," replied Sandy: "We hae to dee a naitural death."—Pharm. Adv.

Patient—Doctor, I want you to prescribe for me.

Doctor (after feeling her pulse)—There is nothing the matter, madame. All you need is rest.

Patient—Now, aren't you mistaken, doctor? Please study my case carefully. Just look at my tongue.

Doctor—That needs rest, too.—The Doctor's Leisure Hour.

## MEDICAL MISCELLANY.

### EARLY HISTORY ABOUT MORTON AND ANESTHESIA.

On the records in a Massachusetts general hospital shows the first surgical operation performed under the influence of ether. The date was October 16, 1846. William Thomas Green Morton, who was born at Charlton, Massachusetts, in August, 1819, was the man who discovered that ether would not cause pain while being operated upon or having a tooth extracted.

William Morton from a boy was medically inclined and difficulty set in when he started to study it. He never gave up and finally ended in being a dentist. In those days dentists would keep a secret their processes and appliances. Morton created a great deal of jealousy among them for he was always eager to learn something new and also for the exchange of thought and knowledge. In a short time he possessed the most perfect laboratory and operating rooms in the city.

One of Morton's first achievements was to devise a solder for gold plate which was of the same character as the plate. All dentists at that time were fastening false teeth on the gold plate with a gold solder softer than the plate. As a result of the action of the two metals, the solder changed color and the teeth were marred by black lines. Hundreds came to his office but fear of pain kept them from taking the trial. Then Morton realized that something must be used to deaden pain. He tried laudanum and opium and became so absorbed in this invention that he almost neglected his business.

Morton then went to the Medical School at Harvard University and in a short time graduated, for he had always wanted to be a doctor. He then began experimenting with sulphuric ether. It occurred to him that if it numbed the gums around the teeth when applied freely that surely it would numb the body if it could be brought about some way to be applied right. He then thought that it could most likely be used

as nitrous oxide gas, inhaled, and taken into the lungs; and at once would be applied to a surface of mucuous membrane greater than the amount in the rest of the body put together.

He then began combining ether with narcotics and began experimenting on himself and had many a headache from those experiments. He then gave the ether to a water spaniel and put the dog to sleep. Morton had great difficulty then in getting any person to be experimented on. Two medical students finally came and he used the new method on them but the ether was adulterated and the effects were poor. Then he took it himself with good results and on September 30th, 1846, Morton extracted a bad tooth for a man who was suffering great pain. The man knew nothing whatever of the proceedings and came out alright.

Later on Morton used his experiment in an operation and was successful at the Massachusetts General Hospital.

At this early day Dr. Luther D. Waterman, who died some time ago at an advanced age, had some experience with ether when he was a medical student. He put himself in a deep sleep from its use but made no record of his observation.

Dr. Waterman was a member of the faculty of the Indiana University School of Medicine and gave a large amount of money to found a research department at Indiana University.

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### J. K. LILLY HONORED.

For the Red Cross J. K. Lilly was the largest contributor in Indianapolis and we must emphasize the fact of the gift of the Lilly Base Hospital by Eli Lilly & Co., known as Base Hospital No. 32.

The well merited certificate which Mr. Lilly has received reads, "Pro patria, The American Red Cross to J. K. Lilly, in recognition of service faithfully performed in behalf of the nation and her men at arms." It is signed by President

Wilson, the chairman of the War Council and Wm. F. Fortune, president of the Red Cross in Indianapolis.

#### RECIPROCAL RELATIONS.

The Indiana State Board of Medical Registration and Examination has recently established reciprocal relations with Alabama, Georgia and Washington. Relations had previously been established with Arkansas, Colorado, District of Columbia, Illinois, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin and Wyoming. This makes thirty-four states with which Indiana now reciprocates in medical licensure.—J. A. M. A.

#### DEATH OF MRS. A. E. BULSON.

Following an illness of over three years' duration from heart trouble, death came to Eva Maud Bulson, wife of Dr. Albert E. Bulson, at the family residence in Fort Wayne, Ind. Although her health had been falling for a long time, she had not been confined to her bed until two weeks ago. She was 48 years of age.

Mrs. Bulson, prior to her marriage, was Miss Eva Maud Jeu de Vine, and was born in Fenton, Mich., August 30, 1870. Her parents passed away while she was very young, and she went to live with her sister, Miss Elizabeth Jeu de Vine, and with whom she moved to Detroit, where they lived for several years. She became acquainted with Dr. Bulson during his freshman year at the University of Michigan, and the romance culminated in her marriage to him in September, 1892.

Two children were born to this union, Geraldine, at home, and Eugene, a senior in the medical college of Indiana University. They and the husband survive, as do a half sister and a half brother. Mrs. Bulson was a member of the First Presbyterian church of Fort Wayne.

Mrs. Bulson was a woman of rare in-

tellectual and wifely attainments and was a devoted wife and mother, her whole soul being wrapped in the happiness and success of her husband and children.

#### DR. J. H. ALEXANDER, AGED 90, DEAD

Dr. J. H. Alexander, age 90, died at Greensburg, Ind., Sept. 1.

Dr. Alexander was a retired physician and the last civil war surgeon in Decatur county.

He had been a resident of Decatur county sixty-two years. After being graduated from Ohio Medical College he came to Greensburg July 2, 1858, to practice his profession and on September 2, 1862, enlisted in the Twenty-seventh Indiana regiment. During his service he was promoted to surgeon.

He was married in 1860 and soon after the civil war went to Milford where he lived for thirty years. Twenty-nine years ago he went to Greensburg and ten years ago retired from active practice.

For fourteen years Dr. Alexander was secretary of the Decatur County Medical Society and for several years served on the pension examining board. For six years he was physician for the State Odd Fellows Home. Dr. Alexander was a charter member of the Masonic lodge at Milford. He was a member of the Methodist church and in politics was a Republican.

Dr. Alexander had a notable career and wrote an interesting history of his experiences in 1850 when he crossed the plains with an emigrant train in search of gold in California. He remained in the west eight years. He also wrote the history of the medical profession in his county and was known as dean of the local fraternity.

He was the son of Dr. John C. and Nancy Wilson Alexander and was born at Palestine, Ill., November 2, 1828. His father was registrar of the United States land office at Danville, Ill., for several years, served three terms in the Illinois legislature and in 1832 and 1836 campaigned through that state for General Jackson.

**BEQUESTS OF DR. J. EWING MEARS.**

The June issue of the Indianapolis Medical Journal contained a notice of the death of Dr. J. Ewing Mears, son of Dr. Geo. Mears, who was born in Indianapolis October 17, 1838, and died at Philadelphia May 28, 1919. Later advice shows that Dr. Mears made the following bequests:

By the will of the late Dr. J. Ewing Mears, of Philadelphia, the sum of \$100,000 is bequeathed to Harvard University for the study of methods to reform and cure criminals and mental defectives by surgical means; the sum of \$5,000 to Jefferson Medical College for a free scholarship; \$8,000 to the Rush Hospital for Consumption and Allied Diseases, for free beds in Memory of Francis B. Tyson; \$2,000 to the Pennsylvania Training School for Feeble-minded Children at Elwyn, Pa.

**DOCTORS' WAYSIDE STORIES.**

Collected by Jane Janus.

**Green Lemon Not Lemonseed.**

Jane Janus, who collects your Doctors Wayside Stories, might use this one, said Dr. Lowry. An article was published in the Indianapolis Medical Journal in June in which I reported a case of self-abuse in which a young man put a lemon in his urethra which necessitated a surgical operation. Your printer changed the phraseology and it read lemon-seed instead of lemon. It is an instance in which the author knows best and yet a lemon in the urethra seemed outlandish. I admit, I don't blame the printer because I should have been more explicit, writes Dr. Charles O. Lowry of Pasadena, California. It was a small green lemon three-quarters of an inch long and seven-sixteenths of an inch in diameter. As a finale to the story, I say, "You see how we do things in California."

**Misunderstood.**

To a group of doctors at a table at the Cafeteria, Mrs. Margaret Phister said, We have quite an innovation in the palms, fruit and flowers which we

are now using for decorations. I noticed that some of the doctors at the noon hour relate stories and we have tried to imitate the Mermaid Inn where the poets used to congregate for a social hour. This started an ex-police surgeon who said that W. H. Blodgett for many months under the title The Ananias Club published a story each week in the Indianapolis News. Sometimes a doctor was selected as the author and it gave some of the doctors quite a reputation as prevaricators; however, at a later period the "bum room" at the police station was spoken of as a club room. The meeting would be called to order and certain forms of business transacted, after which Tim Splan, Mike Rafferty, Bob Campbell or Millard Laporte would relate a story that would make Baron Munchausen shudder. The credited authors knew nothing of it until it was published in The News. It all came from the fertile mind of Blodgett. The stories were popular, but there came a halt. The editor of the News was annoyed by a cart-load of letters demanding that the paper use its influence to break up this club of loafers, who should be catching thieves and protecting the citizens. Some letters asked that there be a new police board and chief of police. Eventually it was suggested that there be an indignation meeting of the voters and take action that would put the black republicans out of office and in their stead elect a democratic mayor. The News gave an explanation but some of the objectors claimed that The News stood in with the party in power. The annoyance was so great that the stories were tabooed and they lost out like the Pea Green Grocery of Mr. Hilton U. Brown in which Fin the fisher, Blood the butcher and Bread the Baker give the market prices. It was always good reading, but by some misunderstanding. I remember that a man by the name of Mendell, who had a grocery on the corner of Michigan and West streets, painted it a pea green and called it the Pea Green Grocery. After this circumstance Mr. Brown's interesting market reports appeared in another form.

### SOLILOQUY OF A VACATIONIST CONCERNING THE VENICE OF AMERICA.

Not all roads, as was once said of Rome, but many, lead to the city wherein lives a multi-millionaire to whom a Michigan jury of farmers gave a verdict of six cents damages on account of an editorial in an outspoken Chicago paper. The man himself is not an especial attraction, but the use of his money has made possible some of the things that are attractions and it has added materially to the conspicuousness of Detroit on the map. But we must remember that there was a genesis and in the early lessons in geography the "house of therapy on the river" came in for its share of attention. Now the doctor and druggist of every little hamlet knows of the manufacturing establishment of Parke Davis & Co., whose buildings and their inmates would independently make a medium sized town. But this is not the greatest importance; it is what is not the new things in medicine only cially interested in the department of experimental medicine of which Dr. Ezra R. Larned is the chief and Dr. Earl Miller, formerly of Indianapolis, is assistant. It is not the new things in medicine only but nothing within the domain of therapeutics escapes; not only the confirmation of the best use of the old and reliable agents but this department is engaged in the solution of the new problems in chemistry, materia medica and therapeutics and included are the various sciences related to medicine. In serums and vaccines, and I might say all else, the laboratories furnish a post-graduate course for any doctor. The doctor who earnestly desires to make some special investigation is welcomed and without price. It is the place where the therapeutic nihilist will at once receive his death-knell or if perchance he has a few mustard-sized grains of common sense there is a chance to be born again so that he may sow and reap to some advantage.

Reluctantly the vacationist leaves the beautiful parks of Detroit but the call

of the waterway is irresistible and the White Star Line under the management of the Bielmans, father and son, has been marked by success. This line of steamers in their course from Toledo to Port Huron, approach perfection. During a pleasant conversation with these gentlemen, while not committing themselves, there was a gentle intimation that Star Island might in the near future be graced with a hotel. The senior Bielman is a member of the Detroit city council and I was assured by several gentlemen that he was one of its most valuable members.

The Venice of America is the result of Lake St. Clair making an effort to adjust itself to the requirements of a river and hence for miles above the government ship canal there is an overflow of water on both the American and Canadian shores. Many years ago squatters built a few cottages in the shallowest places and on made ground. As time passed there was some system to it and now there are hundreds of islands grouped together which have been given the name of St. Clair Flats. There are a few hotels and many cottages. Some of the large buildings such as "Old Club" and "Rushmere" are owned by private clubs. There are some hotels such as "New Club," "Marshland," Forster's and "Bedores." Our wand inclined us to the latter, where there are waving branches of mammoth willows, which shade a pretty lawn, beautiful adjacent little islands linked together by bridges, pretty cottages along the canals, and a pier far out in the water where an evening's enjoyment consists in watching the hundreds of boats that pass and the music of water, most enchanting in the moonlight. Many years ago Joseph Bedore and his wife, when in middle life, kept this hotel. But the Scythe of Time has cut asunder this old couple and now past eighty years they are patiently waiting for the boatman to carry them over the silent river to the great beyond.

The hotel is in charge of Mr. and Mrs. J. B. Clay, who omit no feature that will further the pleasure of the guests. It is the "all one family" style and while

most of the time is spent out of doors obtaining all of the ozone possible, yet there is a good place to sleep and the table is supplied with the best the market affords. Since it is but a few hours' ride from Detroit on the "Tashmoo," "Owana" or "Wauketa" of the White Star Line, doctors and others occasionally hold society meetings here. Many doctors take advantage of this locality for a rest from the regular grind of professional life.

The guests come from near and far and the exchange of ideas concerning those things in which some individual excels is of the greatest advantage. I recall the names of a few of the persons who were present during my stay: Mr. and Mrs. John Kerwin, Eugene, Kathleen, Julia, Helen, Martin, Leo, Gerald and Ruth Kerwin; Miss E. Goux, Wm. Andrews, Mr. and Mrs. C. E. Van Ostrand, Harry Whiting, Mr. and Mrs. J. E. Bolles of Detroit, Mr. H. M. Crouse, Mr. and Mrs. Louis Doussang, Mrs. E. Crouse, and Miss Evelyn Green, of Chicago; Frank C. Feller, M. J. Tracy, Miss Sue Peiser, Miss Minnie Weber, and Mrs. Claude Warbington of Cleveland; G. Evans and R. G. Bowe of Toledo, Mr. and Mrs. Clarence Bappenfoos and Mr. and Mrs. R. B. Weed of Fremont, Ohio; Mr. and Mrs. Latta, Mary, Evelyn, Eastern, Kate, Girdon Latta of Dykesburg, Tenn.; Miss J. Katharine Hartley of Bluefield, West Virginia; Myer Lesser, Cincinnati; A. C. Herbert, River Front, Ont.; Mr. and Mrs. W. B. Wallace, Oxford, Ohio.

There are other names worthy to be in this list but unfortunately I do not now recall them.

Perhaps one of the features that added much to the pleasure was a large launch owned by Mr. John Kerwin of Detroit, which took part in many fishing excursions and incidentally it might be said that fishing was on the program every day and successful fishing, too. There was also bathing, boating, dancing and plenty of music. S. E. EARP.

### ADDRESS OF WELCOME TO RETURN- ING SURGEONS FROM ACROSS THE SEAS.

By George Ross, M. D. (U. Va.), C. S. A.,  
Richmond, Va.

I thank you, Mr. Chairman, for your gracious courtesy in presenting me to this assemblage, and am honored at being thought by you still a willing worker in the ranks of our profession, even though the calendar charges me with having reached that period of life when the grasshopper is counted a burden. To my mind, this is an occasion when the heart should feel most, when the lips should move not, and the eyes beam fullness of love—love and admiration and profound reverence for you, my patriot fellow-countrymen, whose splendid courage impelled you promptly to buckle on your armor and take your places in the ranks of that mighty host of warriors who were then, and had for years, been waging a relentless battle against the enemies of right and justice, and humanity and liberty, in a tragic war of which history has no duplicate record. As surely crusaders they are as were the followers of the fortunes of the never-to-be-forgotten Richard of the Lion Heart. I am a symbolic link connecting you with another great war, waged for four years more than half a century ago, in our own beloved country, for a constitutional right and its allied ideals. I am a veteran member of the thinning ranks of that band of immortals that shall forever be known in the world's history as "Dixie Boys" who

Fought on battlefields uncounted,  
Fought as men defeat undaunted,  
Fought to throttle threatened wrong,  
Fought while cheering Dixie's song,  
Fought though weltering in gore,  
Fought for land now named no more,  
Fought to win a victor's crown,  
Fought and won the world's renown.  
Aye, fought for a young flag that went  
down in defeat;  
But 'tis wreathed around with glory,  
And 'twill live in song and story,  
Though its folds lie in the dust.



Tonight, it is my high privilege to welcome you home—to that home that you have conspicuously honored on many fields in foreign lands—to your own beloved home in far-famed Virginia—to the banks of her historic river, in whose waters angled in true primitive fashion with gaff and spear, the dusky warriors of that valiant Indian King, Powhatan, and on whose bosom the blood of her sons has been borne out to the ocean of eternity, to be forever an inspiration to the men of coming ages. I welcome you to her Capital City, near whose gateways mighty armies met in internecine conflict, and whose more than Rome-numbered hills have echoed and re-echoed the cannon's roar, as the sons of North and South, each patriots from their standpoint, made brilliant the record of American soldiery on the fields of Yellow Tavern, Seven Pines, Gaines' Mill, Cold Harbor and Malvern Hill. Thrice welcome to historic Richmond, where

Colossal bronze statues grace the summit of hills,  
And perpetually stand to proclaim  
To the men of all ages who love native land,  
These were heroes who won the world's fame.

Aye, welcome to this Mecca of our beloved Southland, where,

In poem and song,  
Men stand for the right, men frown upon wrong;  
Where the stranger finds welcome to the best in the land,  
Where unfeigned loyalty marks the grasp of the hand.

Yes, my young friends, never forget that an old soldier is prone to paint pictures of the past, and hence Memories these of the days that are dead,  
Buried in the long ago,  
Days when our nation might well boast her men,  
Days that tried them so.

Days when the South runs with heads lifted high,  
Like the Appenine torrent unpenned,

Thrilled the world with the fame of the daring of men,  
Fighting hearthstones and homes to defend.

This address from the Virginia Medical Monthly deserves more than passing notice. How fitting it is that the welcome extended to the boys upon their return should be from a pioneer, a soldier of the civil war and who must in years be past the three score years and ten as mentioned in the Bible. There is a sacredness that appeals to the young soldier and the veteran from different viewpoints but in both instances it reaches the heart. S. E. E.

#### GRADUATION OF NURSES.

The annual graduating exercises of the Training School for Nurses was held August 18th at Neuronhurst, 1140 East Market street.

The program consisted of an address, The Trained Nurse as a Citizen, Dr. Amelia R. Keller; The Trained Nurse in Industrial Occupations, Mr. Frank J. Hayes; The Trained Nurse in the Army Hospital, Dr. Ada N. Schweitzer; Address to the Graduating Class, Dr. Jane Merrill Ketcham; the presenting of diplomas and administering the Florence Nightingale Pledge, Dr. Urbana Spink; the presenting of the class pins, Dr. Mary A. Spink.

Graduates: Faye Allstatt, Katherine Donnelly, Huldah I. Fritzberg, Hazel W. Helmsath, Florence Housefield, Lota Johnston, Edith Kesler, Bessie Leswing, Florence Montague, Ida Minor.

#### NEWS ITEMS.

The members of Base Hospital No. 32 held a banquet at the Claypool Hotel Sept. 1 and effected a permanent organization with Dr. E. D. Clark, president; Jack Langan, secretary, and Curtis Duck, treasurer. Dr. Robert E. Moore will represent the post at state conferences. Mary E. Bostwick is publicity agent. Nearly one hundred persons were present and there was a general good time. Other meetings will be held.

Major C. C. Campbell, a physician of Irvington recently returned from overseas.

Dr. F. B. Morgan of Huntington, Ind., was cleared by the jury when Mrs. Pauline Ellington charged him with malpractice.

Judge Coulter decided in favor of Dr. George F. Smith of Bicknell, Ind., who was charged for revocation of license on the ground of fraud in credits in obtaining his state license and for committing a felony by alleged false pretense and deception in collection of \$2,300 for an operation on Mrs. A. Dent. This case has attracted state-wide attention.

Dr. Layman and family spent their vacation at Belmar, New Jersey, also availing themselves of the opportunity of seeing New York City and Philadelphia. While at Philadelphia, Dr. Layman took some special work in bronchoscopy with Drs. Jackson and Spencer.

Dr. Homer H. Wheeler will give special attention to diagnosis and treatment of gastro-intestinal and rectal diseases. He is located at 311 Hume-Mansur building.

Dr. Earl E. Johnson, formerly of West Lebanon, has located at 2405 College avenue.

Dr. Harry A. Van Osdol has resumed his practice at 314 Board of Trade building.

The venereal clinics at Newcastle, Muncie and Anderson will be in charge of Drs. W. T. Miller and E. R. Bush. The Muncie and Anderson clinics have been in charge of Dr. E. C. Davis. The Madison clinic is in charge of Dr. Carl Henning and the one at Marion is directed by Dr. Geo. Daniels.

Dr. D. C. Peyton, formerly superintendent of the reformatory at Jeffersonville, has gone to Richmond, Va., to take charge of the State Industrial School for

White Boys. He will plan and erect a new institution on a tract of 1,500 acres owned by the trustees about thirty miles from the present institution.

Dr. E. B. Mumford, who served with Base Hospital No. 32, has returned to Indianapolis and will specialize in orthopedic surgery. His office is 408 Hume-Mansur building.

Dr. F. F. Hutchins, a lieutenant-colonel in the army, has returned from overseas and a lecture by him delivered on board the U. S. S. Von Steuben appears elsewhere in this issue.

Miss Helen Hyland, a nurse, who was a supervisor at the city hospital, has returned from overseas.

Dr. Leslie Maxwell has returned from military service and has resumed his practice in Indianapolis.

Loren A. Hyde, superintendent of the County Hospital for the Incurable Insane at Julietta, has been given a vacation. Dr. Ord. Everman of Indianapolis and formerly assistant physician at the Central Indiana Hospital for the Insane, was appointed assistant superintendent of the Julietta institution and served a short time.

Dr. J. A. Houser, who lectured at various towns throughout the country and was well known in Indianapolis, died at his home July 29, at the age of 73.

Dr. Claude D. Holmes, with the rank of major and stationed at Washington during the past year, has returned to Indianapolis.

Dr. C. R. Strickland has returned to Indianapolis to practice medicine. He will confine his work to internal medicine. Dr. Strickland was a member of Medical Advisory Board No. 1 in Indianapolis and later was given the rank of captain and assigned to General Hospital No. 9, Lakewood, New Jersey, as ward surgeon and in charge of the department of cardio-

vascular diseases. Dr. Strickland was ordered to General Hospital No. 35 and then to General Hospital No. 32, Chicago, where he was assistant chief of service in charge of heart and lung diseases.

Dr. H. K. Bonn has returned from Trout Lake, Wis.

Sister Regina, for 25 years in charge of the men's department at St. Vincent's Hospital has been assigned to a leper colony on an island in the Mississippi near New Orleans. Among the physicians she had many friendships and was loved by thousands of patients. She came to Indianapolis from Milwaukee January, 1898. She had served as a war nurse.

Dr. R. G. Hendricks, formerly a member of the surgical staff of Base Hospital No. 91, has been mustered out of service and is now doing post-graduate work in gynecology and abdominal surgery at the Mayo clinic. He will return to Indianapolis Nov. 1, to resume his practice.

Florence Jordan, daughter of Mr. and Mrs. Jordan of St. Louis, was married to Dr. Edwin R. Smith, son of Dr. Samuel E. Smith, superintendent of the Eastern Indiana Hospital for the Insane at Richmond. The wedding took place at St. Louis July 26.

Prof. B. W. Merrill, head of music of the State College of Iowa, at Cedar Rapids, has been elected to a like position at Indiana University. He takes the chair made vacant by the death of Chas. D. Campbell.

Dr. John A. Sutcliffe spent his vacation at Connersville, Ind.

In former years, and for all we know now, French workmen often used to cure themselves of their gleet discharges by drinking for several days large quantities of the water in which blacksmiths

quench their red-hot iron, which, as is well known, contains a good deal of iron. In "lazy," indolent cases of subacute and chronic gonorrhoea we have been giving tincture of iron with small doses of tincture of cantharides with what seemed to us undoubted benefit—Critic and Guide.

A physician who was not disinclined toward an occasional gass, hired an Irishman to clean out his cellar. He brought out a number of empty whiskey bottles, and as he lifted each one, looked to see if there was anything in it.

The physician, who was walking on his lawn, noticed him and said, "They are all dead ones, Mike."

"They are," answered Mike. "But there is one good thing about it; they all had a doctor with them when they passed away."—Pharm. Adv.

#### WHEN STARS ARE IN THE QUIET SKIES.

When stars are in the quiet skies,

Then most I pine for thee;

Bend on me then thy tender eyes,

As stars look on the sea!

For thoughts, like waves that glide by night,

Are stillest when they shine;

Mine earthly love lies hushed in light

Beneath the heaven of thine.

There is an hour when angels keep

Familiar watch o'er men.

When coarser souls are wrapped in sleep—

Sweet spirit meet me then!

There is an hour when holy dreams

Through slumber fairest glide;

And in that mystic hour it seems

Thou shouldst be by my side.

My thoughts of thee too sacred are

For daylight's common beam;

I can but know thee as my star,

My angel and my dream;

When stars are in the quiet skies,

Then most I pine for thee;

Bend on me then thy tender eyes,

As stars look on the sea.

—Edward, Lord Lytton.

## BOOK AND JOURNAL REVIEWS.

**Textbook of Chemistry inorganic and organic with toxicology for students of medicine, pharmacy, dentistry and biology**, by R. A. Witthaus, A. M., M. D., late professor of chemistry, physics and toxicology in Cornell University. Seventh revised edition by R. J. E. Scott, M. A., B. C. L., M. D., Fellow of New York Academy of Medicine, etc. Wm. Wood and Company, New York. Price, \$4.00.

It was my pleasure as a teacher of chemistry to use the earlier editions of this book as a class text and only abandoned it when my work was transferred to the department of medicine. I have since used it as a study and reference book. The revision is ample. It is suitable for students in preparatory scientific schools and is dependable as a textbook throughout a college course. Some of the sections on physics have been omitted and the same is true of physiological chemistry. The part dealing with organic chemistry is of especial value and is not as is sometimes the case, a mere catalogue of names and formulae. Much of the new material deals with the general principles. Many of the new paragraphs were indicated by the late Professor Witthaus as desirable and many of them were taken from his manuscript notes. I like the method of printing each equation on a line by itself. It is clearer and will appeal to the student. The system is good. We find in rotation symbol, occurrence, preparation, properties, physical and chemical. Then we find certain subdivisions which I think will be a great help to the student. The text takes up toxicology briefly but it may be fair to presume that more is not needed.

The portion of the book which contains a description of the alkaloids is of especial interest and the descriptive matter can be easily understood. Chemistry is not easy, but when a student calls for more light it means more careful study and dawn will soon give way to daylight. When I first studied chemistry at McKendree College, Lebanon, Ill., Professor Edwards listened to declamation of ten

pages and no laboratory work, simply experiments performed before the class by him and at medical college it was all laboratory work under Dr. A. W. Brayton—the only way to learn this science. I taught the subject in the face of prejudice following Dr. Brayton, and found the same stumbling blocks. Times have changed and I observe the methods at the Indiana University School of Medicine. It is like a haven of light and I feel like congratulating the student body on the new era of things in this important department of medicine.

I have been entertained by the reference to ptomaines, leucomaines and toxins which is at the close of the book. Any practitioner can read it advantageously and students must read it.

As a reference book this publication has one value, and as a text, another, while as a whole it is one of the best books for both doctor and student.

S. E. EARP.

**An Outline of Genito-Urinary Surgery**, by George Gilbert Smith, M. D., F. A. C. S., genito-urinary surgeon to outpatients, Massachusetts General Hospital. 12 mo. of 301 pages with 71 illustrations. Philadelphia and London. W. B. Saunders Company, 1919. Cloth \$2.75 net.

There should always be co-operation between the general practitioner and the specialist and especially is this true in relation to genito-urinary surgery. Instruments of precision and how to use them are the important adjuvant and the practitioner needs the help of the specialist—both need the other. But the practitioner must not rely solely on the specialist; he must be conversant with the subject and the needed information in a concise form can be obtained from the book of Dr. Smith.

Many conditions within the domain of genito-urinary diseases can successfully be treated by the general practitioner, but he must know the pathology and he must have an object in treatment and such cases must not be considered trivial. There must be an exact diagnosis and

if this cannot be attained some one of more experience should be called to assist. It is the specialist at such a time who can render the best service.

Infection of the prostate and prostatic obstruction are important topics of the text and the chapter on diseases of the bladder, kidneys and ureters is especially worthy of careful reading. Impotence and sterility is the final chapter.

Specialist and practitioner will find much of value in this book. S. E. E.

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**A Textbook of the Practice of Medicine,** by James M. Anders, M. D., Ph. D., LL. D., with the assistance of John H. Musser, Jr., B. S., M. D. Thirteenth edition. Illustrated. W B. Saunders Company, 1919. Philadelphia and London. Price \$6.50 net.

This edition is the product of a close and thorough revision of the previous or twelfth issue. Effort has not been spared to bring every portion of the volume up to date, the while being heedful of the needs and interests of both the practitioner and student. Most attention has been devoted to the practical aspects of medicine, to symptomatology, diagnosis, including etiology and treatment, thus attempting to make manifest disease at the bedside in its many relationships, and, so far as possible, to trace the connection between the clinical features and their pathologic causes.

In the sections dealing with the treatment of disease the most attentive consideration has been accorded to the principles on which must ever rest the cure and prevention of individual complaints; in a word, to causal treatment. To meet the indications presented by the attendant symptoms, however, is an important branch of the therapeutic management of disease, and it has received due attention in the pages of the present volume.

It is not only one of the most valuable reference books but it possesses an especial value as a guide in bedside clinics and every kind of college work.

It also is of especial value to the

practitioner when he desires not only to refresh his mind concerning some phase of disease but it gives the latest and best information relative to the subject. As a student's textbook it answers the purpose admirably. S. E. E.

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**The International Medical Annual,** a year-book of treatment and practitioners' index. 1919. 37th year. Price \$5.00. Published by Wm. Wood and Company, New York.

This is a splendid resume of the year and apparently nothing has been omitted. The salient points of each topic are set forth succinctly and yet sufficient in all respects to meet the wants of the practitioner.

The associate editors are Carey F. Cowles for medicine, and A. Rendle Short for surgery. There are 31 contributors who are men eminent in the profession.

Blood transfusion is well illustrated and the details are given. Trachoma is made plain by text and illustration and the same is true in X-ray diagnoses. Some of the colored plates are works of art. In injuries of the bladder there is shown a through-and-through wound of the bladder produced by a shell fragment. The entrance wound is larger than the exit, probably on account of the in-driven bone being retained in the bladder. The exit wound involved the peritoneal cavity at the lower part of the rectovesical pouch, and communicated with the rectum. There is shown ecchymosis of the bladder wall and superficial necrosis of the mucous membrane. The missile had passed through the pubic bone, bladder, rectum, and sacrum and lodged in the tissues behind. Death took place from gas infection in the track six days after the injury. From the same case we are shown another colored plate on page 87. We note the ecchymosis of the rectal walls and the ring of necrosis surrounding the wounds of entrance and exit; also the gangrenous condition of the perirectal tissue. We call especial attention to these plates because it shows conclusively that the publishers have

made a great effort to make plain the text and have succeeded.

I have also been greatly interested in the various parts of this book which refer to the acute infectious diseases and pertaining to the heart, such topics as rheumatic heart disease, angina pectoris, myocarditis, pericarditis, etc.

Pregnancy and heart disease as a topic is accompanied by a chart which may give aid in determining the choice of method of delivery of cardiacs first raised to the highest point of circulatory efficiency.

S. E. E.

**The Blind: Their Condition and the Work Being Done for Them in the United States.** Harry Best, Ph. D. The Macmillan Company.

This excellent book of 760 pages is divided into parts under the following headings: I. General Conditions of the Blind. II. Blindness and the Possibilities of Its Prevention. III. Provision for the Education of Blind Children. IV. Intellectual Provisions for the Adult Blind. V. Material Provision for the Blind. VI. Organizations Interested in the Blind. VII. Conclusions with Respect to the Work for the Blind.

These parts are subdivided into chapters on respective subjects, together with an excellent appendix illustrating alphabets used by the Blind, and tables with respect to schools, homes, and industrial establishments for the blind.

In the compilation of this work Dr. Best has had the assistance and advice of some of our best and most widely known ophthalmologists, directors and principals of institutions for the blind, the national committee for the prevention of blindness, etc. It is not only a compilation of valuable statistics from authoritative sources but a comprehensive and instructive exposition of the subject as a whole.

Under the chapter on Blindness and Disease, we find that in 32 states, including Indiana, trachoma "is now listed among communicable and contagious diseases for which report to the health authorities is required." Dr. Best does not

state the cause of trachoma, and it is well that he does not, for the cause is still in darkness. The prevention of the spread of the disease is well handled. "It produces," he says, "between four and five per cent. of all blindness."

Any case of purulent conjunctivitis is communicable and many cases of simple conjunctivitis was diagnosed as trachoma in our recent so-called epidemic of trachoma in our Indianapolis schools. It is well to isolate all cases of conjunctivitis and to observe the same precautions that we do with true trachoma. Such precautions would lessen the number of cases of pneumococcic, gonococcic, influenza and other types of conjunctivitis.

The subject of ophthalmia neonatorum is well treated from an economic standpoint. Up to 1916 41 of our states require, either by statute or by direction of the state department of health, the application of silver nitrate at birth and the report of existing cases. In hospital practice, we have seen the disease develop even after the application of silver nitrate at birth. "In many sections little or no regard has been paid to the matter, the difference being displayed by both physicians and midwives." The average proportion of pupils blind from this disease among the total number in state and city schools for the blind is 22.8 per cent. and the average proportion so blind among new admissions, 14.7 per cent.

In this chapter on blindness and disease, no mention is made of many other local and constitutional diseases often resulting in blindness; for instance, interstitial keratitis, iritis, chorioiditis, optic atrophy, etc., although some of these together with glaucoma are mentioned under blindness and heredity.

As technical terms are comparatively few, the book can be easily understood by any intelligent layman as well as the physician. The chapter on blindness and accidents, together with legal citations and notes, is invaluable to industrial boards and insurance companies, and the reference notes at the end of each chapter are most valuable to student and author.

Dr. Best presents tables showing cause of blindness from the states of New York, Ohio and Massachusetts, showing a total of 36,476 cases of known cause. "How much of this blindness," he asks, "is it possible to prevent?" "Provided," he says, "that we had sufficient medical knowledge and sufficient control over sanitary conditions, the answer might be said to be—nearly all of it."

With these facts before us we are yet indifferent, and are too content to deprive these tens of thousands of unfortunates of their livelihood and happiness, but are willing to bear the burden of the enormous sum of \$2,925,000 annually for their education, and this, exclusive of the costs of plants to the state, which, as Dr. Best says, "is at least \$11,000,000."

WALTER N. SHARP.

We heartily commend this book to any who are interested in this subject.

Some time ago a review of this book appeared in our columns. Dr. Sharp, who limits his practice to the diseases of the eye, after a careful study of the publication, prepared this communication and sent it to The Journal.—Editor.

**The Medical Clinics of North America,** May, 1919. Volume 2, Baltimore Number, Number 6. Published bimonthly by W. B. Saunders Company, Philadelphia and London. Price per year, \$10.

This is a book of helpful and interesting clinics. Concerning the subject of diabetes mellitus, Dr. Louis Hamman says: "Sugar is furnished the body mainly in the form of starch, cane-sugar and milk sugar. In considering the relation of the liver to glycogen, it is useful to distinguish three functions: (1) The formation of glycogen from sugar—glycogenesis; (2) the breaking down of glycogen into glucose—glycogenolysis; (3) the formation of glycogen from substances other than carbohydrates—glyconeogenesis. Glyconeogenesis is intimately bound up with glycogenolysis. Whenever the body demands a fresh supply of sugar the glycogen reserves of the liver is called upon.

It is needless to comment upon the

important place the liver occupies in carbohydrate metabolism. However, the present attitude is to regard it as a passive organ yielding its supply of sugar and manufacturing fresh material under the pressure of outside influences. Glycogenesis is such a fundamental function of the liver that its exercise is continued under the most adverse conditions.

Starch and certain vegetables have the same effect as glucose when administered upon an empty stomach, but the effect is diminished in proportion to the admixture of other foods.

A conclusive proof of an internal secretion from the pancreas has been sought in the influence of normal blood which presumably contains this secretion and of pancreas extracts upon diabetes. In pancreatic diabetes there is both an increased production of sugar and a loss of the tissue power to utilize sugar, but which of the two is the primary and essential factor has long been controverted. That sugar introduced subcutaneously is quantitatively excreted and the constant dextrose-nitrogen ratio point against any utilization of sugar. However, certain arguments have been advanced in favor of a partial combustion in pancreatic diabetes.

For practical purposes the two methods usually employed are to examine the urine for aceto-acetic acid and acetone and to follow the carbon dioxide tension in the alveolar air. These two methods yield the greatest amount of information for the least outlay of time and skill. If a third is to be added, the estimation of the ammonia nitrogen in the urine is to be recommended."

The clinic of Dr. Julius Friedenwald's personal experience in the treatment of the ulcer of the stomach is very valuable. He gives a brief review of the various methods of treating peptic ulcer; the Leube cure; the Lanhartz cure; the Sippy cure; comparative results of the various forms of treatment; Einhorn's duodenal alimentation; brief discussion of the surgical treatment. Advantage of pyloroplasty over gastroenterostomy. Method of determining when an ulcer has been healed after treatment.

Another clinic is that of Dr. John H. King on gastro-intestinal disturbances in metabolic diseases and diseases of the ductless glands. He gives first an introduction. Then general metabolic diseases: 1 diabetes; 2 gout; 3 obesity. He then gives the diseases of the ductless glands under which comes: 1 the thyroid gland: (a) hyperthyroidism, (b) hypothyroidism; 2 the pancreas pancreatic insufficiency; 3 the adrenal gland, Addison's disease; 4 the parathyroid gland; 5 the pituitary gland; 6 the thymus and pineal glands. In conclusion are interesting paragraphs of discussion.

There are many other interesting chapters of value to the medical profession and good illustrations. P. M.

**The Arbutus.** The life history and many other things concerning the faculty and students of Indiana University, can be found in the *Arbutus*, a book published each year by the students of the university.

This year it is dedicated to the men and women of Indiana University who gave their lives in the service during the war. Matter concerning the war is well illustrated. It would seem that it contains a picture of a majority of the students. Graduation classes, athletic teams and fraternities are in evidence. There are splendid pictures of the officers of the institution. The new medical college building appears on page 48, and there follows good likenesses of Drs. Willis D. Gatch, Harry L. Foreman and C. R. Shaeffer. Mrs. E. P. Clark graces the first page of the descriptive matter relative to the Robert W. Long Hospital.

Miss Edna G. Henry is shown sitting at a desk in the social service department. Pictures and descriptive matter concerning operating rooms, students and nurses abound. With gladness the friends of the university accept the *Arbutus*, and no page is passed by without a keen interest. Even the little kodak pictures which serve as fillers have an interest. Dramatic art is not forgotten, and in this department of the book patriotism is at high ebb. There is a

personal interest in each annual that time can not efface. It tells of friendships formed in student life, and very often these yield to the influence of Cupid. Scenes on the ball ground, in the campus and in the city's thoroughfare are depicted by little photographs, which to the student body have an interest not easily forgotten, and to some individual a picture is a story within itself. Every alumnus prized his copy of the *Arbutus*, and as years roll on it is nearer to his heart. It tells the story of university life not found elsewhere.

S. E. E.

**Report of Sunnyside, Marion County's Tuberculosis Sanatorium, Oaklandon, Ind. From September 1, 1917, to December 31, 1918.**

Board of managers are: Alfred Henry, M. D., president; J. W. Lilly; David Ross, M. D.; J. A. MacDonald, M. D., superintendent; Harry C. Worthington, M. D.

Sunnyside is an institution that Marion county has every reason to be proud of. It is located near Oaklandon, about fourteen and one-half miles northeast of Indianapolis. It is a wooded tract of land admirably situated among hills and ravines, with their amazing variety of bird life, which makes it an ideal place to rest and enjoy the open air. The interurbans stop at the entrance to the grounds and the Big Four Railroad goes through Oaklandon, which is about three-fourths of a mile east of the institution.

The buildings are beautiful, built of red brick with gray tile roofing. The floors are flexo tile, and all corners are rounded. The present structure has two long and broad cement porches on the south side of the building, with the wide French windows opening on to them, which permit the bed patients to be moved in and out easily. The east and west ends of the infirmary buildings have large rounded porches, which can be easily enclosed in winter.

Sunnyside was opened and received its first patients in August, 1918. It was filled rapidly and has since been crowded



to capacity, and has a long waiting list.

The sanatorium at present accommodates seventy-two patients; eighty could be cared for readily, but a number of patients' rooms must be used to house employes until a service building can be built with rooms above for this purpose.

I quote Ina M. Gaskill, R. N.: "We are prepared to confirm our plea that a social service department, with its follow-up work to each home, is of infinite importance in the conduct of a tuberculosis sanatorium.

"1. To the patient because of the close personal relationship already established in his home by the nurse.

"2. To the family by advising other members to be examined and encouraging them in carrying out a routine of personal hygiene.

"3. To the community by removing a source of infection and by spreading knowledge of general hygiene.

"4. To the institution by establishing a better understanding of the service rendered by such an institution and making for a more harmonious administration.

"Finally, I am making a plea that as soon as our new unit is completed, or under way, that a second nurse be employed to help with the rapidly growing work of this department."

P. M.

#### OYSTERS IN INDIANA?

Born in the shadow of the studio of Lew Wallace, boasting a literary dip in Riley's "Ol' Swimmin' Hole," swapping yarns with Kin Hubbard, sitting next to Meredith Nicholson on a Pennsylvania street car, and performing various other kindred scholarly feats, and knowing positively nothing about oysters in Indiana, I feel doubly qualified to write authoritatively on the subject engrossing the attention of your intelligent readers. Anyone can tell by the foregoing sentence that it was not in vain that I lived in Indiana absorbing its atmosphere of words and phrases. Therefore, why shouldn't I write about oysters? There were (I will not say "are") oysters or mussels, in Riley's swimming hole, near

Greenfield, Ind., but they were never featured in the restaurants. Ever since the French settled at Vincennes where Alice of old Vincennes lived, oysters were the chief crop of the Wabash with its far away banks, and the pearls still sell for seventy-five cents a quart.

BLOOR SCHLEPPEY.

In the Washington Star.

#### THAT LITTLE PILL.

There was once a famous surgeon

Who healed so many ills

That he never had the time himself

To swallow any pills.

So he slipped out in the country

And promptly went to bed,

And 'twas such a queer-like feeling

He simply lost his head.

For he had a little fever,

And a shaky little chill,

And another famous doctor

Made him take a little pill.

And then he felt so chipper

That they took him back to town,

Where he became a "patient"

Of professional renown.

And now he has recovered,

Having neither pain nor ill,

And all just for the taking

Of that funny little pill.

And so, if you are ailing,

And life seems quite uphill—

Just slip out in the country,

And take a little pill.

Blanche Bloor Schleppey.

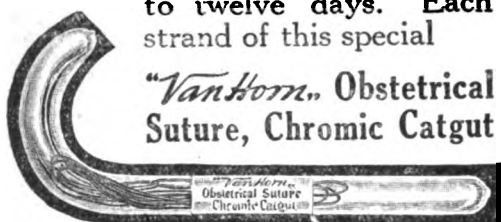
Sunday, August 24, 1919.

Reference is made to a surgeon of Indianapolis.—Editor.

Simple "heavy" breathing in a child may develop into obstinate fetor oris if neglected. Give mild purge 2-3 times a week and wash the child's mouth with a weak solution of hydrogen dioxide potassium permanganate or sodium thio-sulphate.—From Critic and Guide.

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*"Van Horn,"* Obstetrical Suture, Chromic Catgut

is threaded on a suitable needle, ready for instant use. Indispensable for your surgical bag. One tube in each box. Price, 25 cents each; \$3.00 per dozen tubes. No samples.

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## and Measles

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In addition to being "the perfect lubricant," K-Y has also been found an ideal emollient, and in no way does it demonstrate its great utility more convincingly than in the care of the skin during the exanthematous affections.

*Samples on Request*

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## K-Y LUBRICATING JELLY

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Absolutely sterile, antiseptic yet non-irritating to the most sensitive tissues, water-soluble, non-greasy and non-corrosive to instruments, "K-Y" does not stain the clothing or dressings.

Invaluable for lubricating catheters, colon and rectal tubes, specula, sounds and whenever aseptic or surgical lubrication is required. Supplied in collapsible tubes.

Samples on request.

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## Headache and Neuralgia

are relieved by the rubbing in of

## K-Y ANALGESIC

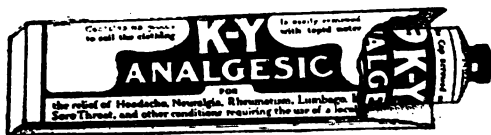
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# INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

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This is an Independent Medical Journal whose columns are open for anything that will interest or instruct the profession. The Editor assumes no responsibility for the views of contributors.

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No. 10

## ORIGINAL COMMUNICATIONS

### IS CARBUNCLE A MEDICAL OR A SURGICAL DISEASE?

By Douglas H. Stewart, M. D.  
New York, N. Y.

The inspiration of this little essay had its origin from the following incident: The writer was requested to settle a dispute by deciding whether carbuncle was better treated by the employment of medical or surgical measures. The opinion was supposedly final because the questioners knew, or thought that they knew, that once upon a time they had seen many sufferers from carbunculosis attending upon and being treated at the writer's clinic. Therefore, his experience with both methods of procedure was admittedly large. In order to settle the debated question fairly, the hospital records were consulted and presented the unsought evidence that a clinic which had for many years furnished five or six examples every working day, now did not exhibit that number of carbuncles in the past year, yet the clinic had

grown in size of attendance. The revelations of further search were even more incredible, if possible, as they apparently showed that a district containing over 250,000 people was furnishing very few if any carbuncles. The nurse in charge of the surgical clinic explains the matter as being due to the fact that the people who make up the clinical material have become educated to run to the clinic with "every little pimple when it is a little pimple" and that unconsciously by act and precept the writer has wiped out the carbuncular crop of a large district wherein that crop was formerly abundant and flourishing. Though this is a matter rather difficult of proof or of disproof yet those who are most familiar with present conditions and former circumstances appear to be possessed of a clear, strong, affirmative opinion. Something surely has hap-

pened but the only certainty is that carbuncles, though desirable for clinical purposes at present, are not to be found when most desired. They simply are not; the places that once knew them now know them no more and further experimentation waits upon their appearance.

A great many of the older surgeons and possibly all of the younger surgeons of this country will at once make a crucial incision into any carbuncle as a preliminary to scraping out of the growth. This is but one way of surgical treatment; it is a good way under some circumstances, it is a widely accepted way and it has at times given excellent results. The point here raised is not whether the aforesaid method is popular, but whether the popularity is deserved when a comparison is made with other or different procedures that evidence fewer drawbacks. It must not be forgotten that there are writers and teachers who, after an extensive acquaintance with the subject, together with a wide study thereof, look upon this very method of treatment as standing much in the same light as invariable tooth extraction appears to an expert oral surgeon. It is a way, it is the lazy man's way and this about sums up the conclusion of the whole matter. For like most archaic questions this seems to have followed the usual pendulum swing as may be discovered by a sort of *Katy-did, Katy-didn't* utterance running through the works of the old writers. The method as at present practiced is the modification of a foreign dermatologist, not of a surgeon, which rather leaves the question open as to how much of its efficiency may be due to dermatology with its application of strong phenol, and how much to the debridement of surgery. Many observers will corroborate the statement that if there is no surgery, other than the injection of phenol, recovery is sure and rather more rapid. On the other hand, surgery without phenol seems to turn out quite disastrously at times. For every surgeon practicing straight surgery with a crucial

incision, another surgeon equally eminent might be found to furnish strong condemnation for the practice. Carbuncles are very common in England, so perhaps it may be well to ask why in English works the words crucial incision are sometimes marked with a pair of interrogation points that are placed both before and after the expression. Samuel Cooper (in 1807) writes: "All carbuncles should be incised." Berkley Hill taught that incisions were fast becoming obsolete, but Erichsen, in 1877, appears to be the first to have a real grasp of the question when he states: "Some surgeons uniformly adopt incisions, others with equal consistency reject them; but the most successful treatment consists in allowing the question of early incision to be determined by the amount of tension existing in and around the carbuncle. Should the parts be soft, relaxed and comparatively painless no advantage can result from the incision. On the contrary, if the tension be considerable, the agony great and the constitutional disturbance dependent on both be proportionally intense, nothing gives such immediate relief local or constitutional as early and free incisions."

To see the complete swing of the pendulum there will be found on page 64 of Bidwell's *Minor Surgery* these words:

"Any attempt to tear out or to cut away the slough before it has separated will probably lead to more extensive necrosis and possibly to general septic infection."

These few quotations will serve to give some idea of the literature and the status of incision, but the writer's experience is that even though carbuncle may at times have a high death rate, yet those who suffer from diabetes, gout or scurvy will bear with the carbuncle rather better than they will endure any abstraction or escape of blood. The reverse is true when the complication is nephritis.

The exact definition of a carbuncle need not detain us for the laboratory aspect of its biopsy is quite another matter from the appearance that is present-

ed to the clinician. It is rather more than doubtful if a laboratory worker who had never seen a carbuncle in situ could form even an approximate idea of the thing or could possibly foretell that such a growth might be accompanied by sugar in the urine. This is no disparagement to the laboratory, nor does it belittle the valuable work therein accomplished. It means only that to the present writer and writing a carbuncle is a boil based upon a gangrenous erysipelas. Whether this statement be accepted or denied by the laboratory is of small consequence because it can not be denied that it is good sound pragmatic philosophy stated thus: "Does this result or theory work? It does. Then it is true for it answers your needs." The clinician either knows already or may easily discover, that if the boil is removed the gangrene will pursue its usual course unchecked. Or the boil may be let alone and will soon come to naught because of the overgrowth and tissue destruction furnished by the gangrene base.

It is a world-wide rule of good surgery to wait for the line of demarcation before attempting amputation or any radical removal of gangrene. Why then should a carbuncular gangrene be exempt from a well known Mede and Persian surgical law. When it is so exempted the results are those that may be certainly foretold and for examples look at the nuchae in front of one. In the writer's cases it averaged two days more bed per patient so treated. Inasmuch as recovery is interfered with, where does the choice lay? Apparently it is the operation of choice if the operator is bold to recklessness, if he is full of the "don't care" inspiration, if he has an anesthetist within call and employs general anesthesia, if he is animated by a spirit of destructiveness; all these make for a so-called "good" final result with its large, indelible, sunken scar. This it is to operate early and successfully for that process necessarily involves much unnecessary tearing away of good, sound, healthy tissues. On the other hand let a timid or a careful oper-

ator attempt the measure described and the usual result is the resentment of the first gangrenous spots with a later production of some satellites so that the treatment is worse than useless. Surely the wealth of condemnation that has been written upon the curet as a dangerous instrument, hardly fails to come short in its lesson when that instrument is employed against the carbuncle. As for technic could not a strong gardner with a small hoe demonstrate as much? The rough and ready man goes safely with this treatment, he seems to demand a great deal of credit for his work, and stranger than all he seems to obtain it, no matter how disgraceful the scar nor how long the patient is confined to the house. In one patient the scar crossed the jaw and interfered with mastication as the scar of a burn might do. The patient was unable to work for weeks. The writer had to clean up as usual, but he did have the small satisfaction of asking the operator if he had endeavored to tear the patient's head off. The answer was, "When I see a carbuncle I jump right into it quick and you can bet the patient knows that he has got something for his money." That the patient knows he has got something is fairly certain. The impression should take on the nature of an imperative conception. However, that operator is exactly the style of mentality for an "early" operator.

Let us admit that the curettage as described has a place but that place is where Erichsen puts it "for the relief of tension," but why have tension or why even allow the growth to proceed to the stage of tension? For if tension is absent or forestalled then let us consider crucial incision and scooping as "savage surgery," for it is nothing else.

The great majority of carbuncles come under the writer's hands rather early, often with the vesicle or furuncle unruptured, though the contrary was true a few years ago, when they came late and often on a host exhausted physically. The routine treatment is and has been for some years to have the patient lie face

down (usually) upon an operating table and to apply a compress soaked with a saturated solution of phenol that is left in contact for ten full minutes, while other patients are being attended to. This is for anesthetic purposes only and is removed when if there are openings in the growth they are injected with Stewart's Biniodide Solution, that contains one grain of calomel to two ounces each of alcohol, tincture of iodine and glycerine. The whole growth and its neighborhood is given a good, generous and extensive painting with the aforesaid solution, but the whole is finally covered with a compress soaked in "purple" (iodin gr. i. paraffin  $\frac{5}{8}$  i). A carbuncle appears to be the sole surgical injury that is benefited by much handling with frequent change of dressing. That purple prevents the adhesion of the bandage may be a factor in this matter. At any rate the biniodide is applied three times a week and the purple soaked

bandage is changed three times a day if time serves. The cases referred to are broken down from exposure, alcohol, lack of food, etc., therefore no pieces are removed save as they come free and are picked up with forceps. The frequent changes of dressing seem to militate against the chances of multiple infection. The only medicine that seemed to be of the slightest use was the well known Syr. Hypophos cum Ferro, but this was excellent, therefore many other remedies were tried only to be soon discarded. Vaccines have been used rather extensively and have a very definite value if the dosage be large enough; however, they with many other things would take us too far afield. The question is whether carbuncle does better under medical or surgical treatment; the answer is under medical measures, save only in those neglected cases in which the most urgent demand is to relieve tension.

#### OBSERVATIONS FROM NINE MONTHS IN OTO-LARYNGOLOGY, BASE HOSPITAL, CAMP TAYLOR, KENTUCKY.

By John Carmack, M. D., Indianapolis.

The object of the medical department in the army is to make as many men fit for full duty as possible and to keep them in good condition. With the concentration of large bodies of men from all walks and stations of life, the problem of making a great many of these fit for full duty was in itself no small task. The greatest problem, however, is keeping them in good condition by combating the acute infectious diseases and as the number of men mobilized increases this problem increases in proportion. In a camp such as Taylor, where the number of men at times reached 60,000, there was an unlimited opportunity for the study of existing pathology, the onset and course of the various acute infections and the complications and sequelae of the same.

Since the majority of acute infectious diseases enter the body through the respiratory tract, it has been accorded con-

siderable attention and there is no doubt that it plays a not unimportant part in the prevention of the same. One of the many valuable lessons derived has been to indelibly emphasize the importance of a healthy nose and throat both as to relieving many chronic infectious conditions and to prevent the acute infections.

The ear, nose and throat service consisted of actual hospital bed patients ranging from 100 to 300, an out-patient department where from 30 to 70 cases were treated daily who did not demand hospital treatment, and from 15 to 30 consultations daily in other wards of the hospital. The work varied considerably with the condition of the weather and the season but rarely going below or above these figures.

During August, 1918, when I was assigned to the service at Camp Taylor, the acute infections were at their low-

est ebb. The energies at that time were directed toward fitting as many men as possible for full military duty and the work of the department consisted almost entirely of nose and throat surgery and the treatment of chronic ear conditions preparatory to sending the men to France.

As much of the oto-laryngological pathology was considered remedial by the examination or draft boards, a great many of the men came into the army with chronic or intermittent acute tonsil inflammations, mechanical obstructions of the nose from deflected septum or polypus growths, chronic sinusitis and a great many cases of chronic otitis media. The result of this was that many men required surgical treatment before they could be classed as full service men. These were so treated in most cases as the pathology responded readily to surgical treatment, which in itself did not incapacitate the men for any great length of time. This did not apply, however, to chronic otitis media. Oto-laryngological cases were referred to the department by some other department in the hospital or by the regimental surgeon. Tonsillectomy was the most frequent operative procedure. Where tonsil pathology was suspected the case was examined for cervical adenitis, evidence of chronic inflammation in the tonsils or pillars, the crypts were examined for pus and cultures were taken in all cases. The most important single factor, however, was the history of the case. It is a well established fact that many tonsils produce trouble without local objective symptoms and this was amply verified here. A history of recurrent tonsillitis, rheumatism, renal or cardiac disturbance in many cases pointing to a primary tonsil or sinus pathology. If operation was decided upon the man was admitted to the wards, urinalyses and any other necessary laboratory work done. The case was then kept under observation from 48 to 72 hours. If nothing was found to contraindicate, operation was done in nearly all cases under novocain and

adrenalin anesthesia with a preliminary narcotic one-half to one hour before. The tonsils were sent immediately to the laboratory for bacteriological examination. All cases were then kept in the wards until the throat was entirely healed, this being about ten days.

The intra nasal work consisted of accessory sinus drainage, conservative and radical, submucous resection and removal of polypus growths in the order named. Chronic sinusitis was surprisingly frequent considering the fact that the majority of the patients were between the ages of 21 and 31 years. Most of these came to the department complaining of vague pain in the head, chronic nasal discharge, eye disturbances or some chronic secondary infection. In all cases careful intra nasal examination, transillumination, X-ray and diagnostic puncture was done and at times prolonged irrigation treatment before operation was decided upon. No more satisfactory results were obtained in any condition, however, than in these cases. We were led to believe from observation that many cases of sinus infection have been overlooked. Obstruction from deviation of the nasal septum is recognized by all as a fruitful cause of repeated and chronic nasal accessory sinus pathology and it was treated accordingly. Submucous resection was not done where there was a slight or moderate deflection, but wherever there was a decided or complete obstruction of one or both nares the cartilagenous and bony septum was removed. Polypus growths were removed whenever found. One case presented with a single polypus growth in the post nasal space which had caused complete obstruction for about three years. The majority of these were found in conjunction with some accessory sinus disturbance. Chronic otitis media received the usual treatment with the usual unsatisfactory results. The majority of these cases were recommended for discharge from the service as army life produces an almost continuous discharging ear from one that gives only occa-

sional trouble in civil life. Those not discharged were classed as limited service men and kept in the camps in this country. Twelve such cases developed acute mastoiditis during the winter and were operated. All showed evidence of chronic mastoiditis. This adds weight to the idea that most chronic ears are really mastoids. During this period the cultures from throats, removed tonsils and acute otitis were streptococcus, non-hemolytic and staphylococcus predominating, but with the onset of the influenza epidemic there appeared the influenza bacillus with an apparent gradual change from the nonhemolytic to the hemolytic streptococcus. At first they were only slightly hemolyzing but gradually this increased both in its action and in number until practically all cultures taken from the upper respiratory tract were decidedly hemolytic streptococci. Later the pneumococcus appeared in many of the cultures.

The oto-laryngological picture during the influenza epidemic consisted of a most violent inflammatory edema of the upper respiratory tract with an apparent special predilection for the accessory sinuses. The department activities for the first three weeks of the epidemic consisted of the treatment of acute otitis media, acute sinusitis and the arresting of hemorrhages from the nasal and pharyngeal mucosa.

More than 2,000 cases of acute otitis developed during the six weeks of the epidemic. Drum incisions were done as early as possible in all cases. Otitis media usually developed very rapidly. Frequently there was less than an hour between the onset of pain and rupture of the drum membrane. As a result quite a few cases came to us with an ear which had been discharging for some time. Fewer complications and quicker healings were had in the cases seen early and where drum incision was done.

The picture of the influenza otitis was one of a full feeling in the ear with a sudden onset of sharp pain, which usually continued until the drum was opened. Examination revealed a very

red, thickened drum membrane usually very much distended. On opening the membrane there exuded a thin bloody serum and at times a decided hemorrhage occurred. Cultures were taken from all ears, those showing the influenza bacillus alone usually healed in a few days. Those showing staphylococcus followed the usual course of acute suppurative otitis. The cases with hemolytic streptococcus infection were characterized by a very profuse, thin, sero purulent discharge. The majority of these cases developed mastoiditis. The treatment giving best results was that directed toward good drainage. Irrigation, etc., did more harm than good.

Accessory sinus involvement was frequent and very severe. Where there was no pre-existing inflammation, the sinus was filled with a thick cloudy mucous containing the influenza bacillus and occasionally the hemolytic streptococcus. The majority of these cases responded readily to drainage and a few irrigations with normal salt solution. Where the infection was complicated by some of the pyogenic organisms or where there was a chronic sinusitis existing the case was more prolonged and frequently required more radical surgery to effect a cure.

Hemorrhages from the nasal mucosa were often so severe that the patient would be almost exsanguinated in an hour or so. Decided spurters were encountered many times. Packing of the nares and post nasal space was resorted to in many instances.

Toward the latter part of the influenza epidemic nearly every culture taken contained hemolytic streptococcus and at this time there occurred a veritable epidemic of mastoiditis and from the latter part of October to February 220 cases developed and were operated. The onset of mastoiditis in these cases was very rapid and the subjective symptoms decidedly minimized.

Many times mastoid involvement was apparently simultaneous with that in the middle ear. This rapid involvement was responsible in some places for the theory



that the mastoid was involved primarily through the hematogenous route. There is little ground for this theory, however. More than two-thirds of these mastoid cases were complicating diseases to one or all of the following: Influenza, pneumonia, measles or scarlet fever, some of the patients being in a very distressing condition from their general infection. Soft tissue and bone destruction in the cases showing hemolytic streptococcus was very rapid and in many instances sinus and dural plate was necrotic, giving rise to various complications. Six cases had thrombosis of the sigmoid sinus and jugular resection was done. Four of these recovered and two died—two developed localized intra dural abscesses. Both of these recovered after the dura was opened and drained. The mortality in the entire series was  $5\frac{1}{2}$  per cent, about one-third being due to meningitis, the others to the general septic condition.

The picture of the hemolytic streptococcus mastoid, where there was no pre-existing general infection, was that of a moderately sick patient. The temperature rarely exceeded 101 degrees and very often with a normal morning temperature. Pain and tenderness was exceedingly variable, ranging from practically none to the most exquisite. Where pain was severe when the patient was first seen we nearly always found destruction of the dural plate with meningeal irritation. Where the infection was other than the hemolytic streptococcus, however, pain and tenderness was usually more pronounced. The most reliable objective symptom in diagnosis was a sagging or collapse of the post superior wall of the external auditory canal. The X-ray was a valuable adjunct in diagnosis and was used in practically all cases. Some very beautiful evidences of bone destruction were shown, but in many of the hemolytic streptococcus infections it was extremely hazardous to wait for X-ray findings on account of the rapid destruction and apparent dissolving of the bone. As the mastoid epidemic began to subside the

cultures showed fewer hemolytic streptococcus cases with more nonhemolytic streptococcus, a diphtheroid bacillus and staphylococcus. The symptomatology here was more classic.

Early operation with complete extirpation of the mastoid area gave a lower mortality and better after results. The average time of hospitalization following operation was five weeks. After using dry dressings, saline, bichloride, Dakins irrigations and dichloramine T dressings in series of cases, the best results were obtained where the mastoid wound was dressed from the beginning with a 3 per cent dichloramine T in oil. This not only seemed to prevent pus formation and at the same time allow free granulation, but the oil soaked drain was much easier to change and caused less discomfort to the patient. After the acute epidemic had subsided we were confronted with many subacute or chronic post-flu inflammations in the nose, pharynx, eustachian tubes and middle ears. These, except the otitis media, responded readily to treatment. Many mild cases of otitis had developed in camp with inflammatory exudate in the middle ear, which had not been seen at the time. These required prolonged treatment. About the first of January, 1919, the streptococcus epidemic had begun to decline, only about half of the cultures showing hemolytic streptococcus. This continued for about a month when an epidemic of hemolytic streptococcus sore throat began. This occurred at about the same time in several army camps. The attack usually begun with a severe burning pain in the pharynx, the mucous membrane presenting a very dry red appearance and was frequently covered by a grayish exudate. The general symptoms were fairly mild, temperature usually ranging from 101 to 102 degrees, but continuing over a period of several days. This epidemic corresponded to the streptococcal sore throat very much in evidence throughout the entire country. Previous to this epidemic forty student nurses had been assigned to Camp Tay-

lor and within two weeks twelve had been confined to the hospital with this infection. Cultures were taken from the other twenty-eight and all but one showed hemolytic streptococcus, although various gargles and sprays had been used. It was decided that some other method of prevention should be tried, so a 2½ per cent. solution of dichloramine T was used to spray the nose and throat twice daily for a week. Cultures were again taken showing only two positives for hemolytic streptococcus. This spray was continued two or three times a week and only one case developed general symptoms afterward.

The general work after the first of February was exceedingly interesting. It consisted largely of tonsil and sinus surgery directed toward the elimination

of focal infections. All cases entering the hospital with arthritis, cardiac or kidney involvement were submitted to the oto-laryngological service for examination. The results in this class of cases, where operation was indicated and done, were exceedingly gratifying. As nearly all were young men with pathology of fairly short duration, the results were probably more striking than in a series of cases taken from all ages and with trouble of longer duration. Cases showing most rapid recovery from arthritis or other infections were the ones who had acute exacerbations following tonsilectomy or sinus operation. Some excellent results were had in selected cases with autogenous vaccines made from the tonsil bacteria.

37 The Willoughby Building.

#### RADIUM IN DERMATOLOGY.

(By Drs. T. C. and W. H. Kennedy, Indianapolis.)

The various methods used in certain dermatological conditions have been very unsatisfactory and in radium we possess a therapeutic agent which exerts a marked influence in some of the hitherto intractable lesions.

With radium we may produce a destructive inflammatory reaction or by regulation of dosage and screening we may exercise such a slight reaction that a surface irritation will not be produced.

When it is necessary to resort to the destructive power of radium, the greatest care must be used and only by long experience in the handling of this agent can the destructive effects be safely utilized.

As yet no standard of dosage has been established and it has been the custom of radium workers to establish their own standard as acquired from their experience.

The indiscriminate use of this powerful therapeutic agent must be condemned and it is only by long experience in the handling of this valuable physical agent that the best results will be obtained.

With too large a dose or insufficient

screening a necrosis of the skin may be produced which may be slow in healing, causing quite a considerable amount of pain, and leave a cosmetic effect which is very undesirable, especially in the face and neck lesions. Fortunately, however, the burns from radium heal readily and do not have the lasting results that we get from the X-ray burns. It is rarely that we have seen a radium burn last more than a few weeks.

In the skin lesions of babies and young children, radium is invaluable on account of the ease of application. There is no pain accompanying the treatment and the noise such as is made by the X-ray is entirely absent.

Radium may be obtained for application in hermetically sealed glass tubes or in the form of varnish applicators. In practically all dermatological conditions we use the primary beta rays and as the lesion usually covers a considerable surface the flat applicator best accomplishes the purpose.

Flat applicators are made by mixing the radium salt in a suitable varnish which is spread on a metal plate and al-

lowed to harden. Applicators can be purchased in the "full strength," "half strength" and "quarter strength" apparatus.

Full strength applicators contain 5.3 mgs. of radium element to each square centimeter and "half" and "quarter" strength apparatus contain one-half and one-quarter this amount per square centimeter, respectively.

Ten mgs. to 20 mgs. of radium is usually sufficient in ordinary skin diseases. In exceptional cases much larger doses may be employed.

Radium gives off three distinct rays, alpha, beta and gamma rays. In therapeutics the classification is of great importance, as the results depend largely upon the class of ray used. The alpha ray has but slight power of penetration and are positively charged. These rays are readily eliminated, a thin sheet of paper or a few sheets of paper being sufficient to stop them.

Beta rays are made up of particles negatively charged and travel with a velocity equal to light. Some are very little more penetrating than the alpha ray and are known as the soft beta rays; others called hard beta rays are very small and have great speed and power of penetration. Gamma rays are very penetrating and will pass through a lead screen 10.0 cm. in thickness.

The results from radium treatment have more than met our expectations in many skin lesions. However, radium must not be considered a specific but simply an auxiliary of great value. It is our custom at the radium laboratory to use all remedies that are indicated. Many of our cases present themselves after having seen the rounds of the dermatologists and failed to secure relief.

From the use of radium we may get unfortunate sequelae on account of insufficient screening or perhaps an idiosyncrasy of the patient.

Destruction of the skin with ulceration may result or we may get pigmentation and telangiectasis. These results

spoil the cosmetic effect which is so desirable. With a long and thorough experience a correct and effective technique is acquired and these difficulties are largely overcome.

**Lupus Erythematosus:** This disease usually attacks the bridge of the nose and the cheeks. The central areas are thin and colorless with a marginal inflammation, and the prognosis should be very guarded on account of the tendency to relapses or recurrences. Cases coming in early and those who have not been subjected to all kinds of treatment usually respond readily to radium and we have obtained many pleasing results. We have had two cases in which carbon dioxide had been used and these cases were very resistant, but finally yielded to radium treatment. From 25 mgs. to 50 mgs. of radium element was applied and after persistent effort, the lesions healed. This is a much larger dose than is ordinarily required in the treatment of lupus erythematosus. It is very important to treat the surrounding tissue as well as the lesion.

**Lupus Vulgaris:** In this disease radium has proven to be very effective. It is necessary to use a sufficient amount of radium to produce a severe reaction and obtain the destructive effect. The Finsen light is also highly recommended in lupus vulgaris, but it is a very tedious form of treatment. It is our custom to have these cases return frequently for observation so that we may be certain that there is no recurrence.

**Keloids:** The surgery of keloids has been unsatisfactory and disappointing. After excision there is usually an immediate return and their size being greater than before the excision. When the keloid is of recent origin radium almost invariably effects an absorption of the scar tissue. We have had several cases of keloids following burns with unsightly contracted scars. Some have proven quite refractory, but there has not been one that has not shown a marked improvement. In one case following an abdominal incision we found keloidal tis-

sue the full length of the incision and also at the site of each stitch hole. With the application of radium we were enabled to relieve the pain and discoloration and level the prominence. Now after three years there is no sign of recurrence.

**Kraurosis Vulvae:** This is an exceedingly chronic affection involving the external genitalia of women. The disease is frequently accompanied with a severe pruritis which is best relieved by radium or X-ray.

**Rodent Ulcer:** In the rodent ulcer type of epithelioma, radium almost without exception perfects a cure and recurrences are very uncommon. It is unnecessary to resort to surgery in these cases and the cosmetic effect from radium is remarkably good.

**Cancer of the Skin:** When these cases come before being subjected to all forms of treatment they yield readily to radium treatment. After having been cauterized, curretted and other measures used, they respond less readily, but some have

been cured after all other measures have failed.

**Chronic Eczemas:** Radium is successfully employed in the treatment of eczema, not only in adults but also in children. In children the tissues are very sensitive and short treatments must be given. The ease with which radium is applied renders it invaluable in the treatment of children.

There are many other skin affections in which radium has proven of value, such as "birth marks," pruritis, angio-mas, acne, rosacea, sycosis, rhynophyma, but those will be discussed in a subsequent paper. We wish to emphasize the fact that the application causes no pain and in the treatment of timid people, young children or babies, it is of great value. The application can be made while the patient sleeps.

In some cases it is necessary to produce a slight inflammatory reaction, but this causes a very slight sensation, which soon disappears.

709 Hume-Mansur Building.

## TOBACCO.

By P. A. Zaring, M. D., Brownstown, Ind.

Tobacco is a solanaceous plant. Of the solanaceous family, the deadly nightshade is the type. Some of the members of the family are not poisonous, as the tomato, the eggplant, and red pepper. But the nightshade is poisonous, and so is tobacco.

There are different species of tobacco, natives of different parts of the world, the East Indies, Persia, and perhaps China, and tropical America.

The use of tobacco as a narcotic was not known in Europe before the discovery of America, and we do not know for certain that it was used in the East. Our lack of reliable information on this subject testifies to the unreliableness of history of comparatively recent matters of importance.

Some pretty good authorities, such as Meyen, believe that tobacco had been smoked in China for a great many cen-

turies before the discovery of America, because of very ancient sculptures of pipes exactly like those now used in that country. But these may have been used for smoking something else, or maybe for tobacco. But very certainly the habit was not common in the East, not even in China, if at all, until introduced into Europe, and all the eastern continent, by the early voyagers to America.

The grandeur of the discovery of America could not be realized at first. Of course it was deemed to be of some importance, but how very important, and what were its happiest features; the imagination could not discern. The one proposition that should have overshadowed all others was the settlement and development of the country by Europeans. But those who came over first sought to get rich quick by robbing the natives, and by exploiting the peoples

on, both sides of the Atlantic by every means. Such products as obtained on one side but not on the other were carried across, and palmed off onto the people as of great value—cut glass to the native Americans, and sassafras to the Europeans, for examples.

These speculators found the potato and tobacco in America, and introduced them into Europe. They were much advertised, and soon distributed throughout the world. Figures and calculations were meaningless to try to indicate the benefit of the one or the harm of the other. It would not be too extravagant to say that tobacco has been more injurious to the world than the potato has been beneficial. The practice of smoking and chewing this poisonous weed soon became world-wide, and billions of people have been made slaves to the filthiest habit ever known. On account of its general—almost universal—use, it might not be too extravagant to say that it has done more harm to life, health, and mental poise, than alcohol or opium. It does not cause a man to gamble away his fortune as does alcohol. It does not cause a man to starve his family as does alcohol. It does not cause a man to fly into a rage and commit murder as does alcohol. But putting aside these moral considerations, and regarding only the physical and mental health of the user, tobacco must be conceded the first place as an evil habit.

Alcoholics have certainly destroyed enough, and no one can rejoice more than I in the hope that they are now making their final exit from the country and from the world. But when we compare the numbers who have ever used alcoholics habitually with the tobacco habitués, the disparity is indeed very great. And to injure a large number of people slightly does greater harm to civilization than to kill a smaller number of people outright.

As an illustration, here is a forester who wishes to produce the tallest, largest, straightest, smoothest and soundest trees possible. The soil and climate are satisfactory, and the forester is compe-

tent, and success would seem to be certain. But here and there a grub bores into a tree and kills it root and branch. And a fly stings the tops of nearly all the young trees, stunting and dwarfing them to mere brambles. Which is more harmful to the forest, the grub, or the stinging fly?

This grub is ardent spirits, and the stinging fly is tobacco. But understand that this is on the assumption that tobacco does not kill while liquor does. This assumption seems to be pretty general. But it ought not to need any proof that many of these brambles die from various causes, which would not die if they had never been stung by the fly. And many persons have been reported to have died of various causes, who would not have died had they never used tobacco.

And the hope of the forest is the few trees that escape both the grub and the stinging fly. And the hope of civilization is the few giant intellects which escape all the poisons of sin, and lead on and on toward better conditions. The stinging of one little bud in the top of yonder oak may prevent its becoming the tallest tree in the forest. We never know what budding mind is destined to be the giant intellect, if saved from the besetments which environ it. We should save all of them from the grub, and the stinging fly, and all other evils if we can.

Civilization is promoted by the very best there is in man. Dull that best, even slightly, and what would have meant progress and amelioration is reduced to routine and stagnation, if not perhaps to deterioration. And tobacco dulls the intellect more or less of every one who uses it. And furthermore, it might be that intoxicants would never have been so serious but for the influence of tobacco. Is that new? Then give it a thought. Have you ever known a drunkard who was not also a tobacco user? I never have. And have you ever known a drunkard who, from any cause whatever, must and did quit his tobacco, who did not then quit his drinking voluntarily? I never have. And though

intoxicants were known to the Christian world long before tobacco was, yet the drink evil was nothing at all formerly to what it became after the general adoption of the tobacco habit.

That one habit-forming drug does call for another is a fact well known to medical science. If I need to give morphine to a person who uses tobacco, I must give a larger dose, as a rule, than would be necessary to one who does not use it, although it may be his first dose of morphine. If I need to give morphine to an old drunkard it is necessary, as a rule, to give several times the dose of a person who has no drug habit, though it be his first dose of morphine. So even if the tobacco habit were harmless of itself, it leads to other habits that have been more generally recognized as harmful. For this cause, if for no other, and far greater, the tobacco traffic should be abolished.

But on the other hand everything possible is being done to entice everybody to form the habit. The unscrupulous mendacity of tobacco advertisements has never been paralleled except perhaps by the similar claims for alcohol in times past. Alcohol was called "The Elixir of Life," "The Medicine of Medicines," "The Ideal Stimulant," "The One Essential," and everything else except the truth. Even now, no sane person would pretend for a minute to believe such claims. The American Medical Association, the highest authority in the world, has declared that alcohol is neither a medicine nor a food. And now we have a prohibition amendment to the Constitution of the United States.

It is as certain as anything future can be that when tobacco is held up in the limelight as whiskey has been, it will be recognized as an unmitigated evil, with still less excuse for its use than has been urged for whiskey or morphine. Most whiskey drinkers can say truthfully that their first drink was exhilarating, banished care, and rendered them hilarious, and such experiences were abiding temptations to repetition. Most dope fiends can say truthfully that they be-

gan the use of morphine to lull pain, which we know it will do. But every tobacco user, if its use did not destroy his sense of shame, would hang his head with shame and confess that he has no excuse. He made himself sick again and again to create a habit that is expensive, filthy, and detrimental to his physical and mental well-being.

At the present time every flattering false statement imaginable (and they are all imagined—none real) is being made for tobacco by the venders, through mercenary periodicals, as leading articles—paid for of course—as well as outright advertisements.

While the war was waging they had agents everywhere speaking and writing in the interest of the filthy weed, under the guise of charity and patriotism. So Satan has masqueraded as an angel of light. These paid agents would approach you as representatives of the Red Cross, or the Y. M. C. A., and solicit money to buy tobacco for the soldiers at the front. They would say it was the greatest need of the soldiers; their principal comfort; their only consolation; their much esteemed luxury. Why had we never learned before that tobacco is so essential to the endurance of hardships? This was not the first time fortitude had been tested. The truth is that this whole plea about the necessity of tobacco in the army was a concerted scheme of advertising on a giant scale before an anxious and unsuspecting public. That something called "the people" is slow enough to think under normal circumstances. But here the public mind was less suspecting than ordinarily. It was bent one way. It was wanting to do something—anything—for the soldiers. The intentions of the people were intensely patriotic. They would give their all to help the fighting boys. They were ready and anxious to be told by somebody—anybody—where to invest a dollar that it might return dividends of beatitude to the soldiers abroad. Thus they were easily influenced to give, give, give, unstintedly, repeatedly, but thoughtlessly, to help the great tobacco

trusts to unload their enormous surplus accumulated on account of the blockade of the Central Powers. These purchases went somewhere. Perhaps some of the filthy stuff reached the soldiers abroad. If so it did them just so much harm. Every thinking person should know, and did know, that our soldiers were being paid for their services, the best that soldiers ever were paid, and that those who had the tobacco habit could find the foul stuff on the market over there. Those dealers knew it who put the catchy advertisements as leading articles in the periodicals. But their tobacco was here, and they wanted to sell it here, at fancy prices. And they could well afford to pay tempting bribes to the so-called charity workers who were well paid for doing the begging. But it was the dealers who inspired, and paid for, the publication of every one of those diabolical falsehoods about the great help tobacco was to the soldiers.

And they made such a financial success of it that now they are continuing the propaganda by publishing all kinds of extravagant claims as to the very essential part tobacco did in winning the war. A magazine now before me, that pretends to respectability, has a "leading article" which thoughtless people might not suspect of being a mere advertisement, on "How Tobacco Helped to Win the War." It claims that soldiers could stand cold, wet, hunger, overwork, and most anything or everything else, if only they could have tobacco. However, it omitted to mention that every German soldier had tobacco, and smoked like a tar kiln, and yet that Germany was defeated in spite of tobacco.

The article referred to says: "They (the war management) knew from experience that men under great physical and mental strain would be able to keep up and carry on to the extreme point of human endurance, without liquor, without sleep and rest, aye, even without food, if they but had tobacco." "This essential." "And the Red Cross and the Y. M. C. A. at once prepared to handle tobacco." "For December last the Y. M.

C. A. ordered 70,000,000 cigarettes, and nearly 3,000,000 cigars to supply the demand for smokes among the American Expeditionary Forces in Europe."

The people subscribed many millions of dollars for such hellish purposes, thinking they were giving it to the soldiers who had thoughtlessly formed the habit in the past. Of course all this was meant in kindness to the boys. The people thought it would help to sustain them in the fight. It meant, as they understood it, a gift to the soldiers, sent by the hands of these organizations. What American thought, or could have thought, that his or her free gift to the soldiers, entrusted to the care of the Y. M. C. A., would be sold to those same soldiers at the most exorbitant prices? But now the returning soldiers tell us that such was the practice. Often the soldier would pay many times the price he had ever paid before for a package of tobacco, and when he would open it he would find the name and address of the American who had sent it to him, as a free gift, by some of those so-called moral or religious organizations.

And now that the war is over, and the tobacco traffic, with its opportunities for graft and princely profits, is withdrawn from the Y. M. C. A., and managed by the regular dealers, the Y. M. C. A. is among the first to join the anti-tobacco campaign, again for money, selling their posters at extravagant prices. In these posters the Association declares that tobacco decreases endurance, precision, marksmanship, etc., while conceding, on the next page, that the Association did distribute tobacco to our soldiers in time of the war. Why? If I had distributed tobacco to our soldiers while believing that it lessened their efficiency, I would have expected to be accused of abetting the cause of the enemy.

This same "leading article" already referred to, says: "Men without food for hours, sometimes days, have soothed their nerves, kept their courage, and gone into battle eagerly, terribly, and effectively, because the supply of tobacco held out." Can this be so? Do

Americans have to be under the influence of narcotics to be patriotic and brave? It is not so. But if it were it would only testify to the slavery of the habit. For we know that such a condition is not normal. We know that the demand for food is natural, and that the demand for tobacco is pathological. The man who says, as I have heard men say, "I would rather do without my dinner than my tobacco," is the same kind of a slave as the inebriate who would rather have another drink than a sumptuous meal or a decent suit of clothes.

That same propaganda of the devil, paraded as a leading article, says further: "When the task of erecting monuments to the men, women, and incidents, which figured prominently in the titanic struggle is undertaken, let there be at least one memorial placed in honor of My Lady Nicotine, goddess of smoke dreams, whose soothing spell sent many a hero over the top to greater deeds and greater glory, tempered the sufferings of the wounded, and eased the going out of many of those who gave their all for country, flag and humanity."

Here the writer made an inadvertent mistake. He implied, what he surely did not intend, that a person can be killed in spite of tobacco. If he had said that a cannon ball can not hurt a person who happens to have a cigarette or a quid of tobacco in his mouth, it would have been no farther from the truth than some of the statements quoted above. It is an insult to every person who does not use tobacco to imply that he is not, on that account, as brave as others. And it is an insult to everyone who does use tobacco to imply that he would not be brave and patriotic without such intoxication.

The active principle of tobacco is nicotine. It is a rank poison, and will cause death in the shortest while of any poison except hydrocyanic acid. But contained in the tobacco, as it is, and thus being taken into the system in very minute quantities, being absorbed by the mucous membrane of the mouth and air passages, it does not usually cause sud-

den death. It were far better if it would. Then people would avoid it as they avoid other poisons, and it would accomplish but the smallest fraction of the harm for which it is now to blame.

To the beginner it causes nausea, vomiting, prostration, fainting, cold sweats, and sometimes death. Children have been killed by applications of tobacco to the head for diseases of the scalp. Sometimes it causes vertigo, stupor, convulsions, and syncope, without causing death. But by frequent repetition it generates a narcotic appetite to which the will, even the strongest will, most certainly gives way, and renders absolute slavery.

When I was a little child there were several people at our home on a certain occasion, both men and women, all chewing or smoking, and all telling how glad they would be to quit the habit if they could. My parents did not use tobacco, and the gravity of the practice had never appealed to my childish mind until that occasion. I felt very sorry for those neighbors, all of whom said they would give everything they had to quit it if it were only possible. All of them needed what they had badly enough, for they did not have much. But it is now my belief that if the appetite could have been taken from them by some kind of magic that day, every one of them would have tried to recreate it the next day. They had been tempted to take up the habit at the start, and they did not have the moral stamina to resist, and they would not have had it now, even without the appetite. People of a certain mental caliber are prone to submit themselves slaves to whatever may be enslaving others about them, be it ignorance, superstition, partisan politics, alcohol, or tobacco.

But I had never studied psychology at that time, nor anything else, not even the primer, and their dilemma provoked my sympathy. I asked if they had always been cursed with such appetites.

"No, sonny," replied one friendly old woman, "but we learned it when we were little children, just like others do."



The most philosophic thought that I ever could claim as my own, entered my childish mind, and I said, "I would not form a habit that I could not quit again if I should want to, just because others do." I did not know at the time that I had said something of real merit, but it recurred to my mind quite frequently afterward, and it became a cherished resolution of mine never to form a habit that I could not quit afterward if I should so desire.

But people form such habits just because others do. Such is the power of suggestion. If people would refrain from the use of tobacco in the presence of other people, the practice would soon die a natural death. It might be a torture to those who have the habit to be forced to quit it at once, but I do not believe it would. If it were put out of the country, so that no one could see others use it, I believe that all could give it up without any inconvenience. But be that as it might be, surely it would be no tyranny nor injustice to require those who have the habit to use it only in private, so as not to suggest to others that they should take to it. But instead of this there are catchy advertisements, the smoke of perfumed cigars, and people smoking everywhere, as if it were something very enjoyable—everything possible to suggest to the minds of young people that they are missing something glorious.

It is more injurious to young people than to older ones, because they have not fully developed their resisting power. When children use it to excess it renders them nervous, pale, emaciated and weak. And they are apt to become discouraged, depressed, despondent, and to quit school, and drift away to lower and worse conditions.

But in people of more mature age—of all ages, in fact—it produces low spirits, melancholia, and still more pronounced conditions of insanity. Alcohol dethrones first the higher faculties of the mind, and the others in order, from the higher to the lower, as one would demolish a structure by first throwing off

the top, and then what comes next, all down to the foundation. But tobacco injures every tissue of the body, and every faculty of the mind, even down to perception, so that all kinds of fair tests have proved that those who use it are invariably injured more or less. The average student in schools and colleges who uses tobacco learns less than the average who does not. This is on account of the system being saturated with a poison that dulls the understanding and betrays the memory.

Tobacco is poisonous to human tissues and can not be assimilated. In the tissue cells it combines with the elements into compounds which can be eliminated. While it is thus neutralized in a manner, it neutralizes the elements with which it combines, destroying their vitality before they have fully accomplished their functions. It might go without saying that this reacts on the nerves, wasting energy, and unfitting the user for a supreme effort at any trying enterprise. It has long been known that the effects of tobacco are fatal to the prize-fighter and the athlete. Why then should our own citizens preach the use of tobacco to our fighting men in an extremity, and not be tried for treason. We should have known, and we now do know, that it is fatal to the possibilities of all persons who would put forth their best at any endeavor. The pedestrian can not walk so well; the soldier can not march so well; the laborer can not endure as much hardship; the gunner can not shoot as accurately; the ball player can not throw as straight; the musician can not play so divinely; the penman can not write as smoothly. And all this because the nerves are rendered weaker, and shakier, lessening the possibilities of all competitors.

The nicotine-poisoned blood flowing through the brain causes disease, uneasy sleep, debasement of intellectual ideals, and of moral standards. It obtunds the finer sensibilities and dulls the aspirations to higher attainments. It stains the clothes of those who chew and spit;

and the man who wears a beard and uses tobacco can not possibly keep himself presentable. It discolors the teeth; and those who show their teeth in talking or laughing are thus rendered repulsive to other people. And yet there are those who use tobacco with the ostensible excuse that it preserves their teeth. I have often heard this plea from "snuff dippers," who would refer to some one they had seen, or heard of, over yonder, who dipped snuff, "and had such pretty white teeth," neglecting to observe that the many addicts all about have teeth that are unsightly.

There are a few people whose teeth have such fine enamel that they can wash away the tobacco stain and leave no suspicion. But in no case is it the tobacco that makes the teeth white.

The practice of using snuff in the nose seems to have been abandoned most everywhere. But people (mostly women) still use it per orem. This practice is quite common in certain localities in the southern states. I was at a wedding where the attendance was considerable, and I was the only person there who did not use tobacco in some form. They would pass the cigars, and every man would take a smoke. They would pass a plug, and every man, and part of the women, would take a chew. They would pass the snuff box, and every woman would take a "dip." The process of "dipping" is to chew the end of a green stick into a pulp; and with the saliva in this pulp, dip it and roll it around in the snuff till the pulp is filled; then lay this little mop on the tongue with the handle protruding from one corner of the mouth. Then while talking and laughing in a very sociable manner the snuff-laden saliva would ooze down the woman's chin, and drip from the mop handle.

I beg pardon for describing aught so repulsive; but if I could render the description still more repulsive I would do so, hoping to influence somebody to refrain from the habit, which is incomparably more repulsive than any possible description of it.

It is unaccountable that any sane person, not interested in the tobacco traffic, should pretend that it is of any benefit, even if it were supposed to be harmless. And perhaps no sane person, well informed on the subject, ever did make such a claim. There is not one single argument in its favor. It has no redeeming feature. There is no excuse for its use. Then why pay out good money forever for something that is worthless? If a person should offer you some other matter of junk that could be of no benefit to you, it might be that you would buy it to oblige him, or to get rid of him, but if he should repeat the demand day after day, and year after year—forever—you would be sure to resent it. But in this case you do not resent. This case is a contradiction of human nature very difficult to understand. It is only a nickel, or a dime, or a quarter; but have you plenty of these coins to throw away? Do you toss a few of them into the river every day? The loss would be no greater—no more radical. These coins would equal a number of bills every year—perhaps a number of tolerably large bills. Have you ever thought of casting a similar number of these bills into the fire every year? It would be no more foolish than to burn them in your pipe, and it would not be so filthy, so mal-odorous, nor so injurious to your health.

The minute pathology of tobaccoism would be too tedious for such an essay as this. But briefly: There is a condition called resisting power against disease. Some persons are more reduced by a given case of sickness than some others would be by a similar case. The symptoms may be identical, the pathology equal, but it will reduce one person slightly; another considerably; and it will kill another. It depends on the resisting power of the individual. Tobacco reduces this resisting power. Some persons have such good natural resisting power against the effects of tobacco that they may not seem to be any the worse for its use. Some who use it may still have

better resisting power against disease than some others who do not. But the same person would always be better off for not using it. Some inveterate habituates go on and on for quite a while, like "The wonderful One Hoss Shay," without apparent injury, and then give way all at once. The loss of resisting power may not be recognized till there is something else to resist. Then they die, presumably of a disease that would not have caused death if the normal resisting power obtained.

Everywhere and all the time there are cases of sickness of all kinds which the physicians and nurses watch for days and weeks, where patients lie in the doubtful balance between life and death, where any slight irregularity would be fatal. In these extreme cases, in which everything possible is necessary to sustain life through such a crisis, how very important is this difference of resisting power, however slight it may be. It can not be a difference at all and be so slight but that it will decide some such cases fatally. Perhaps it has decided enough such cases to populate a world if they were all alive at the same time.

One of the familiar effects of tobacco is dyspepsia. And everybody knows how seriously prejudiced are the chances of a dyspeptic who contracts some other disease.

One of the most common causes of death is cancer. The rate from this cause is twice what it was ten years ago, and four times what it was twenty years ago. If this ratio should obtain fifty years longer it would then require more victims than all other causes combined. And one of the most common causes of cancer is tobacco. Reliable authorities say that all cancers of the mouth are caused by tobacco. I have never seen a patient with cancer of the mouth except tobacco users. I have never seen but two women with cancer of the mouth and both of them were smokers.

One-fourth of the inveterate users of tobacco have arrhythmia, called "tobacco heart." There is a tendency with

tobacco, as with alcohol, to produce fatty degeneration of the heart, and consequent death. The increasing numbers of cases of heart and artery diseases is attributable to the use of tobacco. These cases are generally incurable and ultimately fatal. Tobacco users who do not have organic heart diseases may be, and many of them are, distressed by palpitation.

Blood poisoned by tobacco does not coagulate as does normal blood, thus increasing the chance of death by hemorrhage. Especially serious is hemorrhage of the brain. This is so on account of the brain being very vascular, very delicate, and more responsive to poison than other tissues. One-fifth of the blood of the human body is constantly flowing through the brain, and this tissue is not very resisting. So any slight hemorrhage here must be fatal unless the blood will coagulate. This explains why such an unduly large per cent. of apoplexies are in tobacco addicts.

This noncoagulable, nicotine-bearing blood flows through the brain, and poisons the nerve centers. It diseases the optic centers, and thus produces amblyopia, or impaired vision, by diminishing the sensitiveness of the retina, sometimes resulting in complete blindness. It diseases the olfactory centers, producing anosmia, or diminution of the sense of smell. Sometimes the loss is complete. It diseases the gustatory centers, producing ageusia, or impairment of the sense of taste, sometimes amounting to complete loss. It diseases the auditory centers, producing paracusis, or defective hearing, sometimes amounting to total deafness. It diseases the centers of touch, producing anesthesia of the surface, causing the person to be indifferent to cleanliness, tidiness, and even to diseases of the skin.

Tobacco is an active poison, and must be eliminated from the blood very promptly, or every user would die, and the problem would be solved. It is eliminated by all of the emunctories of the body, noticeably by the skin, transmitting to the clothing that empyreumatic

odor which makes you afraid to breathe in the presence of the addict; and by the lungs, imparting to the breath that rank stench which you wish, if you have any temper, that the addict himself might never breathe again.

It is not alike poisonous to all people, and hence it is not eliminated by all alike. Some use a great deal more than others; some use a stronger variety than others; some eliminate mostly by the lungs; some mostly by the sweat glands; and still others so reek with offensiveness that any one who has a nose dare not approach near enough to form an intelligent conjecture whence the putrid stench is emanating.

The odor of fresh tobacco smoke, not too much condensed, is rather pleasant to many people who have never formed the tobacco habit themselves. But a quantity of tobacco smoke in a close room, or the peculiar smell of tobacco smoke which continues in the breath of the old smoker, and on his clothes, and the stench which is thrown out with the perspiration and saturates his clothing, could not be excelled in offensiveness by any putridity that ever broke upon the olfactory sensibility of those who are free from the habit.

Some times a smoker asks decent company if his smoking is offensive. Of course they say, "No". I have said "No", while nauseated from center to circumference, though it is the only lie I ever told in my life. If it were usual to impose any other offensiveness upon long-suffering charity, we would become courteous enough—or servile enough—to say, "No".

It is due only to the dullness of the finer sensibilities, caused by the tobacco itself, that the addict would not appreciate, without being told, that he is distressing those about him.

There are two reasons why every tobacco user does not become ashamed of his stinking self and quit the habit or commit suicide. First he is like the canine that rolls on the carrion. It smells good to him and hence he can not appreciate the fact that it is offens-

ive to others. The second is that the tobacco poison so obtunds his finer sensibilities that he can have no sympathy for those whom he tortures. Surely if he would quit for a few days, till the horrid odor could leave his breath, and his clothes, and then would smell the breath and clothes, at short range, of an inveterate tobacco user, and then think that thus he has been torturing his wife and children and neighbors, he surely would quit for good or die in the attempt.

How can a woman love a husband whose presence is ever painful to her on account of the odor he carries with him? How can a bride kiss the tobacco-stained lips of an addicted bridegroom? When a tobacco using husband and father must leave his home for a time, and kisses his wife and children at the door, and they endure it of course, like the martyrs they are, must they not return to the lavatory and wash their mouths, and smell hartshorn for relief, and wish that he might never return to repeat the torture? Surely, surely.

How any young gentleman who expects to ever call on a sweet, tender, gentle, clean, pure maiden, would want to so bestink himself with these hellish fumes, or how such an angelic phenomenon can admit him into her presence with such rank exhalations about him, is beyond my genius to reconcile. How she can return from the open air where she has been breathing the fragrance of the garden and its blooms, and receive him into her boudoir, reeking with the fumes of hell, and inhale the putrid stench with which he befores the atmosphere, and does not fall down in convulsions, is a riddle that I will pass on to the next.

It must be that men, women and children who do not use tobacco themselves, recognize their utter helplessness to prohibit others from using it, and the impossibility of escaping from the torture thus inflicted on themselves, and they accept martyrdom because they must, resigning themselves so completely as to retain no feeling of resentment,

or perhaps of conscious displeasure even. Great is the power of resolution over the senses.

Then there is the tobacco-smelling habit, which is quite as real as that of smoking or chewing, though it is not so well recognized. But people who are in the presence of tobacco users a great deal of the time relax their antipathy unconsciously and finally learn to enjoy the odor. This is apt to fail to satisfy them later on, and they take to smoking or chewing.

Thus smelling tobacco and tobacco smoke has always been a cause for taking to its use, second only to the suggestion of seeing other people use it. Plainly enough it is our duty to keep it where innocence will neither see it nor smell it.

To the wild Indians the odor was deemed divine. When they made an inter-tribal treaty they smoked the calumet to solemnize it, or as we would say, to ratify it. The common courtesy was to give it first to the foreign delegates, and to the chiefs of the tribe in order, from the oldest to the youngest. Thus smoking the pipe of peace was deemed very sacred, and very binding, and for any member of the convention to decline to smoke his turn was an act of treason.

The calumet was a pipe with a large stone bowl, and a stem about thirty inches long. It was adorned with the feathers of birds and the hair of women, and was sacred to peace. It was believed by those ignorant worshipers that their god smelt a pleasant odor as the smoke of the sacred plant ascended toward the zenith, and that it would put him in a glorious good humor, and that he would bless their treaty accordingly. So this very homely implement of modern luxury was, in their hands, a sacred censor from which the hallowed vapor rose with exactly the same significance as the incense in modern churches, or in the ancient Jewish rites.

The Indians doubted not that their god liked tobacco as well as themselves, and being only a god of infinite wisdom and power, he couldn't get any of the

stinking stuff, except when his friends vouchsafed him a sniff occasionally, when they had a special purpose for doing so. Other worshipers have attributed their own appetites, aspirations and prejudices to their deities. In the image of man maketh he his gods. In the olden time, when people wished to use a god, they gave him a piece of meat, or a flagon of wine. In modern times it is all money; and most any god is very much obliged to the washer-woman even for her humble penny.

It is very common for modern business men to manipulate the calumet in a manner somewhat different from, yet somewhat similar to, that of the Indians. They give you a choice cigar and take one themselves, and smoke with you in a very unsuspicious manner, and while you are drowsily enjoying the smoke, and are quite unsuspecting, they clinch a deal with you which perhaps you would not have closed otherwise.

The time should now be ripe for some kind of legislation on the tobacco problem, or at least some administrative regulation. It would be no injustice to anybody to prohibit its being advertised; to prohibit its being exhibited in show cases, and elsewhere, as an attraction; to prohibit its being sold, or given, to minors; and in examinations for teachers' licenses, civil service and other public benefits, to ascertain if the applicant has any drug habit, including that of tobacco, giving some advantage to those who have not, others things being equal; for, other things being equal, those who are not addicted will render better service. Then such a policy of the Government would encourage young people not to take up the habit.

The time will come, for come it must, when the use of tobacco will be prohibited by an amendment to the Constitution of the United States, even as intoxicants are to be prohibited thus. The people are not ready for it now. They were not ready for the prohibition of alcoholics when it was first proposed. But when the people are better educated on the subject; and some decent laws

have been enacted to restrain young people from forming the habit; and some brave Hobson or Sheppard will force it to an issue, then the people will act, even as they have recently acted.

A Constitutional amendment that would prohibit the importation of tobacco, give a free license to every American citizen to raise as many plants as he might wish for one season, cut down this plantage two per cent. every year for fifty years when it would cut clear out, would give due warning to all the people not to begin the habit hereafter. Thus the old habitués would die off at about the same rate as the production would decrease, and no hardship would thus be imposed on anybody.

#### DOWN MEKEO AND RORO WAY.

Among the Mekeo and Roro districts of New Guinea, pork is the great ceremonial dish. Also an exchange of pigs is necessary in making any kind of contract binding.

Perhaps the pig is more important at a wedding than at any other function. In fact, the bargain could scarcely be binding unless the prescribed number of pigs are both eaten and exchanged by the contracting parties. Both wild and tame, or village, pigs figure in the doings of the day, the former being the groom's contribution, while the bride's family furnishes that finer article, the village pig.

A wild pig is one which comes straight from the jungle, the tame pig having tarried in town a season or two. Town life is said to make an amazing difference in a pig, his contact with culture having a tendency to tone him down and perhaps fatten him up.

Knowing this, it is easy to understand why the village pig is elected to feed the guests. He may either be devoured on the spot, or carried home and eaten at leisure. The home tribe must content themselves with such portions of wild pork as fall to them. In New Guinea, as in all the rest of the world, company comes first every time.—Forward, Sept. 8.

#### A RHYME OF LITTLE GIRLS.

Prithee, tell me, don't you think  
Little girls are dearest  
With their cheeks of tempting pink,  
And their eyes the clearest?  
Don't you know that they are best  
And of all the loveliest?

Of all girls with roguish ways  
They are surely truest;  
Sunshine gleams through all their days,  
They see skies the bluest,  
And they wear a diadem  
Summer has bestowed on them.

Lydia doesn't care a cent  
For the newest dances;  
She is not on flirting bent,  
Has no killing glances,  
But without the slightest art  
She has captured many a heart.

Older sisters cut you dead,  
Little sisters never;  
They don't giggle when they've said  
Something very clever—  
They just get behind a chair,  
Frowning, smiling at you there.

Florence, Lydia, Margaret  
Or a gentle Mary,  
They form friendships that, once set,  
Never more can vary—  
Staunch young friends they are and true,  
Always clinging close to you.

Buds must into blossoms blow,  
(Morn so early leaves us!)  
Maids must into women grow  
(There's the thing that grieves us!)  
Psyche knots of flying curls,  
That's good-by to little girls!

—Meredith Nicholson.

This dear little lyric is from Mr. Nicholson's first little book of poems, 1891. It is the favorite in our home. The edition is out of print, but the seventy poems and sonnets are included in later volumes. A. W. B.

A Bedouin marriage does not take much time. The bridegroom kills a sheep and spills the blood on the sand of his father-in-law's threshold, and the wedding is over.

# INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

## EDITORIAL

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### THE IMPORTANCE OF SYMPTOMS.

Observation with a ripe experience is the most important factor in bedside diagnosis. We should utilize every means in arriving at a diagnosis but careful observation comes first and by this we determine the requirements of the laboratory as an adjuvant. Very often we cannot, at least for a time, obtain the use of the laboratory, so that a provisional diagnosis must be made and a line of treatment decided upon. In many cases it is necessary to obtain laboratory help if such can be had. To wait for such findings frequently leads to grave and often disastrous results. Who would delay when the clinical symptoms point to diphtheria? We give antitoxin at once and at the same time send a specimen to the laboratory. Sometimes the report of a positive culture is received when the patient is on the road to recovery. Even in the smaller cities the delay is not so great as in the country but we do know that a physician must act promptly. In a case of pernicious malaria, delay is dangerous, but it is unnecessary to cite other instances. There are many. Use the laboratory when possible but when there is danger it is always right to defeat death by the use of agents that the symptoms seem to call for and obtain a laboratory report

as soon as possible. Even though it is positive a life has been saved and if negative no harm has been done. Where possible bedside information should join hands with the laboratory, but under all circumstances, act promptly.

The Medical Record for September 13 says:

Of late years the significance of symptoms as a means of diagnosis and as a basis for treatment has been largely disregarded. Perhaps, this indifference to symptoms manifested by the up-to-date physician is chiefly due to reaction. There was a time when diagnosis was of necessity wholly guided by symptoms, and, in fact, so far as treatment was concerned, these were, for the most part, the points considered. Then dissatisfaction arose as to results, and it was clamorously declared that correct diagnoses were the exception rather than the rule and that this was owing to the importance paid to symptoms. Of late the shoe has been on the other foot, the modern physician in his efforts to make a correct diagnosis has waived aside symptoms, that is, has not allowed himself to be unduly influenced by them, but has relied largely upon the laboratory findings in his efforts to discover the real nature of the disease.

But now appear signs that the pendulum is beginning to swing back and men

are asking if these highly scientific methods are as infallible as their high priests would have us believe, and whether diagnosis and the treatment based upon it are so much more successful than in bygone times. Sir James Mackenzie, who certainly cannot be termed an unscientific empiricist, is one among many who are not altogether in favor of the ultra modern way of paying no attention to the clinical aspect of disease and of depending solely upon chemical and biological tests.

In the Medical Press of August 13, 1919, Dr. F. G. Crookshank defends the older methods and points out that a vast amount of practical wisdom, the fruit of the experience of generations, has been ruthlessly scrapped by a mentally lazy generation on the flimsiest of logical excuses, to wit, that an observation must necessarily be erroneous when it cannot be explained. Dr. Crookshank has no hesitation in saying that, in spite of the glitter of the modern specialist's ways, and of the almost incredible advances that have been made in surgical technique during the past thirty years and also in the domain of tropical medicine, it is nevertheless true that in the sphere of ordinary medical practice progress has been but slight. Finally, the author states what is obviously true, that the treatment of disease, whether of individuals or of communities, should always have as its immediate objective the restoration of order in the performance of function; in other words, the removal of symptoms, and it is neglect of this treatment of the symptoms of communities that has been responsible, in great measure, for our failure in respect of the present pandemic.

Of course, it is well to know, if possible, the cause of disease in order to prevent it or treat it successfully. It is evident, too, that biological and chemical methods possess great value as a means of arriving at a correct diagnosis, but so also does observation trained by long clinical experience. The diagnostician is, to some extent, born, not made, and such a man with a long clinical training

is, on the whole, more to be relied upon to make a sure diagnosis than the one who depends upon laboratory findings exclusively.

S. E. EARP.

#### A REVIEW OF PIONEER DAYS WHERE THE H. C. L. WAS UNKNOWN.

What a joy it is that in times of commotion and sorrow and even terror such as the writer underwent from his 12th to his 16th year, during the War of the Rebellion, and now in the closing year of the World War, we have left to us in all the United States, in most of England and her colonies and in France and even in the far distant peoples of Japan and China and the vast members of India, in most of the Mediterranean nations, a vast population that has not been affected by the war in the sense of its actual participants, the Germans and the Allies.

When the writer began this sketch he had just been reading in the Indianapolis papers some of the accounts of the State Fair; of the great work in agriculture and stock improvement, accomplished by Purdue University teachers, graduates, trustees, students and friends. Then his thoughts reverted to his boyhood days on an Illinois farm, 50 miles south of Chicago, 10 miles north of Kankakee city. There was not a stone the size of a hickory-nut, ever found on this prairie farm, a foot of black soil rich in wild grass roots, underlaid with clay and below the clay the limestone rock of the Niagara formations.

The grasses were intermixed with upland and lowland "prairie sunflowers" which exuded from their six-foot high stems a white gum which served as "chewing gum" as did the resinous exudates from the spruce trees of the New England states the well known "spruce gum".

When these prairies were broken 2½ inches with four yoke of cattle and seed corn was dropped in every second furrow or "chopped in" with an axe, the farming was done until the next spring. Eight or ten bushels of corn were frequently raised on this "first breaking".



The next year this sod, two or three inches thick, was somewhat rotted and was "cross ploughed", and real farming began, mainly corn and small grains, planted in April, May and June.

This land cost four to five dollars an acre in 1856, fifty to sixty miles south of Chicago, and is now worth from \$150 to \$250 an acre. Three-year-old heifers were worth \$7.50; ox teams, \$80 to \$120; horses, \$100 to \$125 a head; labor, \$1.50 a day; fencing, \$10; butter, 7c; shell corn, 11 to 20c; carpenters got \$2 a day. The settlers were from New England and middle states; one-third were French Canadian.

There were no better people in the country than these settlers from Kankakee to Chicago and from northern Indiana over to Iowa and on west and north to Canada.

Young, strong, rich in children, mainly church going, educated, Protestants and farmers by choice. Wild game was abundant, deer (1856) not uncommon.

The passenger pigeons—now absolutely extinct in America—\$10,000 would not secure a live one now—sometimes broke the trees in the woodlands of southern Indiana and Illinois, while in Michigan the trees were cut down; the young birds, the "squabs" picked off the nest and sold in Chicago by the barrel. Our eggs were from the prairie hens, breeding in March and April.

My father was both a farmer in season and in winter a grain miller. Coal was hauled from Wilmington, twenty miles away, at \$2.00 a ton; wood was scarce; corn cobs were the summer fuel; sometimes the whole corn was burned and it made a good fire at 11c a bushel.

Sickness was scarcely known to these communities; typhoid fever and diphtheria were rarely found; ague was not common in the lake states. There were no "rubbers" or "gum shoes". Sorghum syrup was the sweetening; fried pork was the morning meal with corn bread; potatoes were not as good as now; coffee was made from parched corn except on Sundays; most clothing was made in the homes; blue jeans was

the external garb. Schools were of a good kind with Eastern teachers; religious revivals were a winter pastime; they did much good and at least amalgamated the social relationships and extended the spiritual and intellectual nature.

So much for the human stock of our northern and middle communities. They represented the best of American life before and during the Civil War period. These were the peoples who made the great migration to the West, centering in southern Michigan, northern Indiana and Illinois.

The great German emigrant masses of southern Michigan and notably of Wisconsin, Iowa and Minnesota, carried the day and nominated Abraham Lincoln on the great slab of Niagara limestone, about twenty to forty feet wide and long which was brought from the Illinois quarries, forty miles from Chicago, on a flat boat, rolled across Water street into the "Wigwam". This stone made the firm foundation for our mighty president, Abraham Lincoln.

The writer has sold potatoes from this stone at 35c a bag for 1½ bushels. The "Wigwam" was rented for ten years by relatives of the writer and cut up into ten commission stores. Finally it was made the sidewalk in front of Reed and Carnrick's drug store on Water street and was turned into quicklime by the great Chicago fire of September, 1871. The writer was attending Cornell University at the time of the fire and he had no funds and so at once cleaned up and reslated all the blackboards of Cornell University for which he received \$100, which carried him through what might otherwise have been a "hard winter."

A. W. BRAYTON.

#### THOUSANDS OF BEEHIVES. INSPECTED.

Inspectors working under the direction of Frank Wallace, state entomologist, inspected 18,133 colonies of bees from January 1 to September 1. The inspectors visited 1,574 apiaries in fifty-five counties. During 1918 the assistants

of Mr. Wallace made inspections of 14,000 colonies. The largest number of colonies inspected in previous years was 6,000.

The inspectors are directed by Mr. Wallace to be particularly on the lookout for American and European foul brood, bee diseases most prevalent in this state. The inspectors conducted 133 public demonstrations on the care and treatment of bees. Reports on every colony inspected is on file in the office of Mr. Wallace. The bee inspectors are C. O. Yost, T. C. Johnson, James E. Starkey and Ross Scott.

Nursery inspections made under the direction of Mr. Wallace totaled 176 during the period from June 1 to Aug. 15.

Tennyson in Canto 7 of *The Princess* says:

"The moan of doves in immemorial elms,  
And murmuring of innumerable bees."

And Isaac Watts, the great hymn writer, has this stanza:

"How doth the little busy bee,  
Improve each shining hour,  
And gather honey all the day  
From every opening flower."

Nearly every city home with a small garden may have bees, and certainly all country and village physicians. The writer's home has three hives doing well. Should troubles of swarming arise some one of the bee inspectors will call at your home and give aid and advice.

A. W. BRAYTON.

#### TRAVELING DUST, BY NIKSAH.

A little more than a month ago it was noticed at Madison, Wis., one morning that the snow which lay on the ground had acquired a bright yellowish tint. At the same time, the people of Florence, in the same state, were surprised to find that the snow "looked dusty" and had acquired a reddish brown color. Similar effects were noticed elsewhere, as far east as Vermont and New Hampshire. At Woodstock, Vt., the snow was declared to be yellow and pink in color.

This strange phenomenon was examined by several scientists. They found

that a very fine dust had fallen, apparently all over the eastern United States. Where no snow lay upon the ground, it was generally not observed, although at Columbus, Ohio, where the dust was brought down by the rain, it was noticed in white woodwork and glass.

The strangest thing about this fall of dust was that it occurred in a region the greater part of which lay under snow and had been under snow for many days. It was evident, therefore, that the dust must have traveled hundreds, if not thousands, of miles.

The study made by the government scientists shows that this assumption was correct. Samples of the dust were analyzed, with the result that it was shown to be composed of minerals found, not in the North where the dust fell, but in the Southwest. The scientists assert positively that this dust came all the way from Arizona, New Mexico and Kansas, being borne by those large movements of the air which cause our variations of weather.

It is interesting to note that a little before these strange dustfalls occurred in the North and Northeast there were many sandstorms in the Southwest. At Albuquerque, N. M., there was a storm such as none of the old-timers could remember to have seen before. The air was filled with clouds of dust and sand so dense that street cars and taxicabs could not run. Before this dust could settle a rain began and the next morning the town was literally covered with a thin yellow mud.

Scientists say that this migratory dust is worthy of careful study, as it carries germs, spores of plants and important elements of soil.—*Indianapolis Star*.

The writer recalls that in early March, some ten years ago, with much snow on the ground, the whole landscape about Indianapolis was of a golden yellow tint.

A little of this was put under a low power of the microscope and was found to be composed entirely of the pollen of the vast forests of southern pine, driven by a strong south wind to the entire

northern areas of the middle northern states.

A. W. BRAYTON.

#### THE PUBLIC HEALTH NURSE, THE HEALTH OFFICER'S ASSISTANT.

The entire activities of health officers have increased. More time is now devoted to health work and the public health nurse is an essential factor. In the effective execution of the functions of the health officer the public health nurse is needed to act as assistant and field agent. At the bedside the nurse is the physician's assistant and much dependence is placed upon her during his absence; in a similar manner the health nurse is an aid to the health officer. By this means there are greater opportunities for the carrying out of positive measures of the greatest importance for the protection and conservation of health.

The Health News of New York, for August says, that not only should all cases of communicable disease, including tuberculosis, be discovered at the earliest possible moment and properly supervised, more frequently use made of state and municipal laboratory service, and more complete epidemiological and statistical data secured, but in addition knowledge be furnished to the industrial worker and tenement house mother, the school child and individual suffering from organic diseases of adult life in order that they may learn to protect and conserve their health, and lead lives as free as possible from suffering and chronic invalidism.

To meet the unquestionable need for additional nurses throughout the state, municipalities should either alone or in cooperation with the local chapters of the American Red Cross aim to secure such nurses.

This issue of Health News is designated the Public Health Nursing Number and has 24 pages of matter referable to this subject, some of which we reproduce in abstract.

Prof. C. E. A. Winslow says:

We should do something more, however, than teach the general principles

of personal hygiene. There is what we may call hygiene for the abnormal. There are certain principles—food, fresh air, exercise and rest, that everybody ought to know, but the person who has weak lungs needs more air, more food and less exercise than the normal man. The man with a weak heart needs less exercise, the man with some special disease of the kidneys needs some special kind of food. We need not only, then, to teach the general needs that apply to all. We want to teach the individual the particular kind of hygiene that he needs to know in order to use his particular machine with its defects and imperfections to the best advantage. That means a fundamental readjustment of the relation between the health officer and the physician and the nurse, because after all this kind of special hygienic education rests very largely on diagnosis, and this means ultimately that it must lead to a further and still more fundamental readjustment of the whole relation of the medical profession to the public. Just at present some are saying: "You must develop group medicine at once. If not Health Insurance will get you, and that would be a dreadful thing"; while others cry with equal emphasis, "If you don't accept Health Insurance at once, State Medicine will get you, and that would be an unspeakable calamity." But one or the other of these methods of making medicine truly preventive is coming.

Bertha E. McChesney, R. N., is of the opinion that—

"Whether the nurse serves under the Board of Health or the Board of Education, she is a part of the educational system. In order to give full measure of intelligent cooperation, she must have some conception of what the school system is trying to do and what the aims of education are in that particular community."

Cooperation is the basic note. The medical inspector and nurse should do team work. The school nurse should be an educator or health teacher, able to teach health laws, give classroom talks,

organize and develop health leagues and to watch out for the evidence of contagious disease in the schools and when found to notify the health officer or the public health nurse—this is one way for close cooperation between the Health Department and the Board of Education. She should refer to the family physician any child found with a physical defect, visit the homes and try to secure the correction of such defects, render first aid in emergency cases occurring in the schools and see that the child is either taken to its home or to the family physician. She should report to the Superintendent of Schools any errors in sanitary conditions such as overheating, bad lighting or ventilation, etc., follow up all absences occasioned by medical inspection or where contagious disease or conditions may be suspected, follow up the recommendation of the family physician and inform the Superintendent of Schools as to the results obtained, accompany children in special cases where permission is received from parent or guardian to hospitals, dispensaries, etc.; investigate and improve the home conditions where necessary and instruct the parents in matters of personal and home hygiene and thus bring the home and school closer together. The school nurse should also keep parents informed regarding the child labor, compulsory attendance and vaccination laws bearing upon the health of their children; should cooperate with all health agencies concerned in conserving and bettering the health of the child.

Edith J. Mitchell calls attention to the value of social service in these words:

For the purpose of diagnosis physicians have long depended on information gleaned by cooperation. Temperature, respiration and pulse readings, etc., are seldom made by the physician when it is possible for some one else to make them. For a report of the patient's condition and characteristics, the physician has depended on the nurse. Within recent years a demand has been made for much further cooperation. Let us see how social service can aid the physician in establishing a diagnosis.

First it has taught us the great value of knowing the conditions under which an individual is employed in order to be able to estimate his social, physical and mental ills. It is not uncommon for men and women to be employed in places where the conditions are exceedingly detrimental to the individual's health and the person himself be totally unaware of it.

One of the first requirements of social service is skill in tactfully obtaining an accurate statement of the economic status of the family. An insufficient income is quite apt to result in malnutrition. This fact along with others relating to the economic status of the family is quite apt to be taken into consideration by the physician in the finding of the diagnosis. Another important factor is the social history of the family. By that I mean a history of their habits of living. It is not infrequent for a social worker to discover through intimate contact with the family, neighbors, etc., certain personal habits of an individual concerning which he has not volunteered information to the physician or may have in fact denied.

Mildred P. Stewart discusses nursing in rural districts:

The rural public health worker is often called upon to do the work of an infant welfare nurse. She may make prenatal visits, giving the expectant mother advice as to how to live properly and telling her when a physician's services are necessary. In such cases she accompanies the physician to obstetrical cases. She then keeps a watchful eye on the baby, perhaps showing the mother how to bathe it properly, how to dress it in hot weather, or perhaps helping out with such practical points as how to make a "fireless cooker" or ice box, how to pasteurize milk, etc. As the child grows older she suggests to the mother, if necessary, the advisability of taking care of the first teeth, of feeding proper food, etc. She arranges for clinics where all mothers may bring their babies for a free examination by the family physician and a children's specialist. So many times a child appears well to the mother

whereas defects needing immediate attention are discovered by the physician. Two mothers at one children's clinic told me they slapped a child in the mouth to teach him to close it, never realizing that the child was unable to get enough air through his nose and that the proper procedure was to consult a physician.

I need not go into the details of the important work tuberculosis nurses accomplish in getting children to the preventorium before it is too late, in looking up all tuberculous soldiers, in following up cases discharged from the sanatoria and in arranging for clinics. Sixty people came to the tuberculosis clinic in one of our villages the other day and many incipient cases were found.

Besides this, the public health nurse should be a sanitary inspector, reporting to the proper authorities all the insanitary conditions which she has seen in her visits. Her educational function runs through all her work. School lectures, home advice, instruction at clinics, talks to mother's clubs, newspaper publicity, distribution of posters and pamphlets, all fall to her lot.

There seems to be some misapprehension here and there throughout the country, as to just what the Red Cross is proposing to do in the field of public health nursing, and how its action will affect plans already under way. It welcomes an opportunity, therefore, to explain its purpose and policies.

Elizabeth G. Fox explains:

The Red Cross is undertaking to develop rural public health nursing extensively, because it believes that it has a great opportunity to help advance this movement, and in so doing, to render a very valuable service to our countrymen.

Public health nursing has developed largely in our centers of population and has only recently begun to extend into the country. Statistics show that the infant mortality rate in the city of New York is lower than for the state as a whole. The cities have outstripped the country in spite of its natural advantages, because in the last decade they have taken advantage of the discoveries

in scientific medicine and the advances in the realm of public health, and are now maintaining active health administrations and large staffs of public health nurses. Active public health nursing must be undertaken in the country as well as the cities, and the Red Cross hopes to be able to help the country places in need of assistance to accomplish this.

The Red Cross feels that through its chapters, organized all over the country in every little village and town, it has ready made groups which can take advantage of this popular sentiment and crystallize it into a definite program before that splendid sympathy and support evaporates.

In entering the field of public health, the Red Cross is going to ask its chapters to do one, two or three things, depending upon local circumstances. We want them to form a nucleus of intelligent support in every community to stand behind the health officer and behind any health activities under way in that community. We want them to help build up in their communities popular knowledge of local health conditions, and of corrective measures, a widespread understanding of the value of health and a desire to protect it.

The Red Cross has certain policies governing this work. For one thing, it believes that the protection of public health is rightfully a function of government and that public health and public health nursing ought to be carried on by the state, county or municipality. Any work it may undertake, therefore, will be done in such a way that it may eventually pass into the control of the health authorities.

The Red Cross has no desire to absorb or supplant any agency now in the field. It recognizes very clearly the good work done by the state boards of health, the state tuberculosis agencies and by county and city organizations, and does not want to disturb or interfere with it. We only want to supplement where those agencies are not able to cover the field.

We conclude that every avenue is

needful and the facts heretofore set forth are convincing.

S. E. E.

#### REQUISITES DURING BABYHOOD.

Anything which contributes to the betterment of babyhood always has an especial value. Elsewhere we have called attention to the value of the nurse in preventive medicine, whereby school children may aid teachers and parents not only in the conservation of health of the children but providing a means which will insure healthy men and women in the future.

There is a time, however, when physicians can do a large amount of missionary work in preventive medicine by teaching parents how to care for their babies. It is often the little things that count and many a child has a deformed mouth and nose which can be traced to the use of a pacifier and, too, internal damage is often done together with functional abnormality. It is easy to call to mind a series of "Dont's" and a reason should be given for each one. For instance, the parents should taboo patent medicines, soothing syrups, alcoholic stimulants, dirt on playthings, nipple, bottles or floor. Violence in rocking a baby or, in fact, any movement. If a baby is to be kissed, kiss it on the fleshy part of the body then sterilize the field, which means never kiss it. It seems that it should be unnecessary for us to warn a mother not to convey anything from her own mouth to the mouth of the baby and yet it is often done. A baby should never be within 40 feet of anyone who is sneezing or coughing, but a mile is still better. Every baby should sleep alone, not overdressed and by all means not exposed to bright lights. Perhaps it would have been opportune to discuss conditions concerning prenatal conditions and we readily call to mind that Dr. Oliver Wendell Holmes facetiously advanced the idea that a baby should be treated many years before its birth. We are mindful of the good work that is being accomplished at the prenatal clinic of the Indiana University

School of Medicine. This journal has published several articles on this subject. The propaganda for the betterment of babies and mothers was inaugurated in Indiana by the State Board of Health sending broadcast one of its publications which contained advice for mothers. It did considerable good. The State Department of Health of Illinois confine their bulletin for July to the care of babies and a part of which we reproduce:

A normal baby or a "100% baby", should come up to the following standards:

There should be a steady gain in weight after the second or third week.

There should be regular bowel movements of normal color and consistency.

There should be a good appetite and clear skin with bright, wide-open eyes.

There should be alert muscles which respond readily to any stimulus.

There should be a contented expression and very little crying with quiet, unbroken sleep with eyes and mouth closed.

There should be no evidence of pain or discomfort.

There should be constant growth in size and intelligence.

The soft spots on the top of the head should begin to close at fourteen months and should be entirely closed at the end of two years.

The baby should hold up its head, unsupported, during the fourth and fifth months.

The baby should show interest in toys and hold them in his hands from the fifth to the seventh month and at seven or eight months he should be able to sit erect.

During the ninth and tenth months he should make his first attempts to stand on his feet, and should be able to stand with assistance at eleven or twelve months and walk alone at fifteen or sixteen months.

At one year of age, a baby can usually speak a word or two and at the end of the second year should be able to say short sentences.

It must be borne in mind that normal

children differ very decidedly in the rapidity of their development, and that if one child is slower than another and is in apparent good health, there should be no concern on the part of the parents.

Fear of fresh air is getting to be a thing of the past. People are now sleeping out of doors who, a few years ago, closed their windows tightly to keep the night air out.

The baby needs fresh air as much as does the adult. Except in severe weather, the baby should make his first trip out-doors for a few minutes when two weeks old. The periods out of doors should be increased steadily until, in reasonable weather, the child should be in the fresh air practically all the time.

Many babies do splendidly living out in their carriages from morning until night even when the weather is quite cool.

If, for any reason, such as stormy and dusty weather, extreme cold, etc., the baby can not be taken out, he should be dressed as for an outing and all the windows in the room be opened.

In very hot weather, the baby should be taken out early in the morning and should be kept indoors during the hottest part of the day.

The first teeth of the baby begin to appear through the gums about the seventh month of life. The teeth come in groups. At the end of one year, the baby usually has six teeth; at eighteen months he should have twelve teeth and at two years he should have sixteen teeth.

While the teeth usually appear at from six to nine months, and while a regular order of appearance is usually followed, there is wide variation both in the time and in the order of appearance, so that the mother need not be concerned if the exact order is not followed, nor if there is delay in appearance.

While there may be great discomfort associated with teething and while there may even be such symptoms as increased bowel movements, occasional vomiting and fretfulness, many of the ills charged to teething are not due to it at all. Seri-

ous illness on the part of babies has often been neglected by assuming that the disturbance is simply "due to teething."

Whether teething or not, the cross and sick baby should have the benefit of the doctor's care.

Many babies have died because things have been taken for granted.

Weaning should be carried out very gradually. The child should be weaned usually at the end of one year, but, if the child is not doing well, if the breast milk is deficient or any other definite reason presents itself, weaning may be carried out earlier.

Many physicians advise giving one feeding of artificial food from the bottle each twenty-four hours to all babies as early as the fifth or sixth month, so that the child will be accustomed to taking such food. This makes weaning easier later on.

If the baby is weaned at ten months or earlier, bottles should be employed; but if weaned at one year, the food may be taken from the glass or cup direct without the use of bottles.

In deciding upon the time of weaning, the baby should have first consideration. It's his stomach that is concerned and his life that's in the balance.

Other things may be considered such as first aid when the baby comes, clothes baby wears, bathing, food, nursing mother, artificial feeding, prevention of sickness and reasons for exclusion from schools.

S. E. E.

#### MAN POWER COST 322,182.

The cost of the war to the United States in man power is now estimated officially as 116,492 dead and 205,590 wounded, a total of 322,182. These figures include losses to army and marine units on all fronts to Sept. 1.

Killed in action totaled 35,585, or 11 per cent of the entire list; died of wounds, 14,742; died of disease, 58,073; died of accidents and other causes, 8,092.

Under the head of "missing," the announcement records a zero with the notation "all corrected."

## ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators.

### COMMON CAUSES OF PERSISTENT HEADACHES AND THEIR DIAGNOSIS.

Kenneth Clarke draws attention to the prevalence or persistent headaches and refers to their more common causes. Among these causes he comments on a type of syphilitic headache easily overlooked, which is found early in the secondary stage, occasionally even before the appearance of the rash, so that unless some history is forthcoming it may be most difficult to identify, until some sign of organic disease appears. The general treatment is that appropriate to the condition, by mercury, iodides, salvarsan, etc. The headache associated with arteriosclerosis is more readily recognized, and should always be thought of when the patient's age lies in the fifth or sixth decade. His pain is then rarely severe, but is constant and aggravated by stuffy atmospheres. The general condition of people suffering from arteriosclerosis is more or less characteristic; their mental powers deteriorate, their gait loses its spring, and their memory becomes uncertain; moreover, if they consult their doctor on account of their headache they will usually complain of tinnitus or occasional attacks of vertigo. The exhibition of iodides and bromides is the prescribed therapeutic treatment for this condition; perhaps the mixture of potassium and sodium iodides retards most effectively the progress of the disease. Open air with light diet and careful attention to the bowels, will, in all probability, give the patient more relief than he will derive from drugs. Perhaps, in many ways, the most perplexing form of headache to deal with from a busy practitioner's point of view is that associated with neurasthenia. Its diagnosis is not always difficult, but in nine cases out of every ten there is associated with it some minor organic defect. The

neurasthenic patients very frequently show some symptoms of eyestrain; a minute error of refraction grasps the opportunity of making itself evident, and it may be here remarked that it is the slight errors of refraction rather than the gross ones that are associated in one's mind with frontal or occasionally with occipital headaches. Slight hypertrophy of the turbinates or a small deviation of the septum, themselves often reflex causes of severe headache, become manifest to a much greater extent in the neurasthenic, though their variation from the normal may be very slight. Neurasthenia and chronic intestinal stasis will sometimes make it difficult to decide whether the headache is the result of toxic absorption or whether it is a neurasthenic headache, the neurasthenia itself being secondary to the chronic intestinal stasis. Having once established the diagnosis, the case must be considered on its own merits as to treatment. When there is an associated condition of stasis, this, of course, must influence the treatment. When eyestrain or small defects of the nose or its appendages have become manifest these must necessarily be dealt with, and in that way a large proportion of neurasthenic headaches is relieved, the element of suggestion probably entering in no small degree into the treatment, and with the removal of any organic irregularity many patients will find a cure, possibly a permanent one. The headaches of neurasthenia occasionally recur with a periodicity suggestive of migraine. This is particularly the case in those persons who are also victims of intestinal intoxication. Usually, however, migraine exhibits such characteristic features that it is easy to recognize. The hereditary nature of the disease, the periodicity of the attacks, the prodromes, hippus, and the visual phenomena usually make the



diagnosis easy. The part played by eye-strain in the headaches of neurasthenia and migraine has been mentioned, but this by no means exhausts the account of headaches due to these causes. Sir Lauder Brunton once wrote that 90 per cent. of all headaches were due to eye-strain and the remaining 10 per cent. were made up of those due to defects of the nose, throat, or teeth. While discussing the part played by the nose and its appendages, it is right to mention here that headache, usually an intense frontal headache, is frequently the first warning of frontal sinus disease. There is another class of headache caused by tight lacing, tight collars and tight hats; particularly in the latter class should be mentioned the modern army cap.—Practitioner. Medical Record.

#### THE THYROID AND FEMALE SEXUAL SPHERE.

Bear in the Virginia Medical Monthly for August at the close of an article with the above title says:

The following conclusions may be summarized; the fact remains that the thyroid becomes enlarged in almost every pregnant woman that is doing nicely; that there is clinical and experimental evidence connected between the thyroid and the sexual system of man and other mammals through its secretions, because a lack of thyroid secretion influences sexual activity adversely; that sexual activity whether it be normal or abnormal, causes a hyperactivity of the thyroid bodies, and that this condition marks an index to the toxemia of pregnancy to counteract which these glands put forth their antitoxic protective power; that there is sufficient clinical proof in support of the theory that what we call a normal physiologic hyperactivity of the thyroid glands is a valuable defensive agent against the toxemia of pregnancy, and further, after taking into consideration all of the evidence we have at present, it seems that it is fair to conclude that there exists such a relation between the physiology and pathology of the reproductive organs and the

growth, function and degeneration of the thyroid gland as to make one carefully consider the pelvic organs in all cases of impaired thyroid functions.

While there are periods in the life of a woman which are associated with physiologic increased growth of this gland, we must bear in mind that not all disorders are of this class, so that it is safe to say that it may be strongly urged that the growing girl receive greater attention at puberty, for the physiologic disturbance of a thyroid at this time may extend into a pathological process of later years. Cases showing marked enlargement of the gland during pregnancy should be carefully managed.

Any signs of hypo-thyroidism, toxemia or eclampsia should be promptly attended to.

As pointed out above, the inter-relationship which exists between the thyroid and the sexual apparatus are, at the present time, not fully understood, and, indeed, they are very complicated, but in time the whole riddle will be disclosed with the wiping out of the dark spots of obstetrics, and it will become clear in what ways pregnancy acts upon them and how they react upon pregnancy.

#### PITYRIASIS ROSEA.

The treatment of pityriasis rosea is simple and speedily effective—as a rule. The calamine and zinc lotion is the first choice in the recent case. In two or three weeks the delicately tinted patches will be broken up into epidermal fuzziness more or less suggestive of a stubble field. This will gradually exfoliate, and leave the normal unpigmented skin. Sometimes stubborn cases will be met with in which we shall make little impression with our calamine lotion. Sulphur may be added to the lotion, or a lotion of hyposulphite of soda may be used instead. Or the ointment of ammoniated mercury may be successful. The main consideration is not to irritate and set up a dermatitis on the site of the milder affliction. Cases have been known to persist for many weeks despite every effort to rout them. They

may have been overtreated or they may have been obstinate from some unknown condition of their development. In any event, there is no reason to lose confidence, for they will ultimately disappear. — *Cunningham Medical Record*, Sept. 6, 1919.

#### TREATMENT OF WOUNDS BY PARAFFIN.

Pratt states that he knows (*British Medical Journal*, March 1, 1919) of no other treatment in which the constitutional symptoms so quickly disappear, in which the pain so rapidly subsides, and in which healing is so uninterrupted, as in wounds and burns treated by soft paraffin.

The wound or burn is first thoroughly cleansed with sterilized water; the paraffin is then melted and either sprayed by a special spray or painted by a sterilized brush over the affected area. One layer of gauze is then placed over the injured part, and then another layer of melted paraffin is either sprayed or painted over the gauze. On the top of this a cotton-wool pad is placed, and then the part is bandaged. The dressing is left undisturbed for twenty-four hours, when it is removed and a fresh application made. A third dressing is applied in ordinary cases the next day, and, when necessary, a fourth dressing two days after. — *Therapeutic Gazette*.

#### TREATMENT OF EPIDEMIC GRIPPE.

Von Salis, referring to the severe epidemic which appeared in July with its heaped incidence of grave pneumonias in young and robust subjects, and its contagiousity, states that hitherto nothing of the sort had been encountered, save in measles. Medical men were surprised to find themselves powerless to save and became therapeutic nihilists. Nothing of the kind had been experienced in the pandemic of 1889. Then the broncho-pneumonias attacked only the elderly and the invalid. The recent epidemic agreed with the older in so far as both exhibited many mild and even insignificant cases. But the severe cases of the two could hardly be said to pos-

sess similarity, for the coal tar antipyretics which relieved the older victims aggravated instead of benefiting in the malady of last July. In a series of 267 cases, the author made use of electrargol, neosalvarsan, anti-streptococcus serum, quinine, and combinations of the same. The attempt was made to fit the medication to the indication, the serum having been given only in the streptococcus case. Unlike the experience in most other countries, if not unique, is the fact that the second wave of the epidemic was milder than the first; although beginning in October, it had extended into the winter, when pneumonia would ordinarily be favored. This may have been due in part to the perfection of the serum as a result of time for elaboration. A combination of the latter with quinine seemed especially worthy of trial. Under this management the mortality of the pneumonias was but 15 per cent in 85 cases during the second wave. If we contrast this with the 59 per cent of the first wave, it is but natural to ascribe some of the improvement to the treatment, for in the first wave the serum was by no means so perfected or available for free use. — *Abstracts from Blatt für Schweizer Aerzte*, by *Medical Record*.

#### INFLUENCE OF POTASSIUM IODIDE ON THE SEX ORGANS.

It is well known that the bromides, particularly potassium bromide, if administered in large doses for a considerable period of time, may exert a disastrous effect on the libido sexualis; not only on the desire, but also on the potency. It is not so well known, if it is known at all, that the iodides, particularly potassium iodide, may produce a similar effect if administered in the same manner; that is, in large doses for a considerable period of time.

When a syphilitic begins to complain of the weakening of his sexual power, we usually ascribe the condition to the syphilis. More than once the idea came to my mind if it wasn't possible that it was really the potassium iodide, and not the leuitic condition per se, that was responsible for the sexual weakness. And.

in some cases, I felt sure that I had a right to consider the potassium iodide the offending agent, because, with the discontinuance of the drug, the sexual condition rapidly began to improve.

Of course, in syphilis, if we need potassium iodide, we need it, and that is all there is to it. Out of two evils in medicine, we choose—the greater, and attack it. And so, regardless of what the syphilitic patient's sexual condition may be, if we are sure he needs potassium iodide, we have to give it to him. But it is important to know that potassium iodide can have such an effect. Whether other iodides or organic preparations of iodine can exert the same disastrous effect, I am not ready to say. I believe that it is really the potassium that has the bad effect, and not the iodine, the same as potassium bromide has a much more depressing effect than sodium bromide or any other bromide. And then we have potassium nitrate, which without the bromine or iodine radicals, is a very decided depressant anaphrodisiac. And it is not the nitrate that, in my opinion, does it, but the potassium.—Critic and Guide, September, 1919.

#### PERIPHERAL IRRITATIONS.

A strong man, full blooded, maintaining a good nervous balance in the presence of various kinds of disturbing impulse, may not suffer at all from peripheral irritation which might excite a high degree of response on the part of another patient with narrow costal angles, high arched palate, gunstock scapula and other stigmata of arrested development. The latter represents the patient who becomes neurasthenic because of inherited tendency toward deficient nervous control. Another step in concatenation includes a third set of consequences from peripheral irritation. The second set of consequences will relate to overstimulation of autonomic and sympathetic ganglia, including cord and brain centers. Under the influence of this sort of overstimulation, there is derangement of function of the gastroenteric tract, so that food, instead of undergoing complete digestion, is subjected to vari-

ous fermentative or putrefactive changes, and the patient is poisoned, not only directly by toxins, but by faulty elimination of waste products. This poisoning, in turn, may disturb the endocrine system and may disturb the endocrine glands in such a way that their enzymes produce a special set of morbid phenomena. We may have symptoms in one patient like those of mental derangement, such as melancholia, manic depressive insanity, or cyclothymia as the end result of a peripheral irritation which would not at all disturb another individual carrying the same kind of objective primary defect.—Robt. T. Morris, in *Medical Record*, Sept. 20, 1919.

#### FOR LOSS OF HAIR.

Many are the remedies suggested for the loss of hair following influenza. In the *Medical Times* for May, Marsh recommends:

Mercury bichloride, gr. ss;  
Tr. cantharides, mins. xxx;  
Chloral hydrate,  
Resorcin, aa 3j;  
Castor oil, gtt. xxx;  
Alcohol (70%), q. s. ad ʒiv.

#### USE OF TUBERCULIN IN CHILDREN.

Dr. Richard C. Newton concludes an article in the *Medical Record* for Sept. 13 by saying:

We cannot agree with a prominent teacher who says in his textbook on tuberculosis: "But in children tuberculin is not indicated because the psychic effect, which is the main curative factor in adults, is lacking." If some years of careful study and observation have taught the writer anything definite in regard to tuberculin therapy in children they have brought him to just the opposite conclusion. He firmly believes that in the treatment of children by tuberculin, and, it goes without saying, by every other approved hygienic, dietetic, and clinical method, lies our only hope of ever exterminating tuberculosis. Granted that under ideal conditions the tuberculosis with which practically all children are infected may never develop, as indeed it does not develop now in

about nine children out of ten, why should we deny any of them the undoubted advantages which tuberculin therapy may convey. A negative attitude toward this proposition seems to be about as reasonable as sending a ship to sea without an anchor, because so long as the weather conditions are ideal and no accident of any kind happens, the ship may be managed very well without an anchor. It is not only our interest, it is our duty to use every available means to fight the onslaughts of the disease and to throw away our most promising agent because the average physician has not yet learned to use it properly is entirely unjustifiable. Whether a majority of the cases of frank tuberculosis will be arrested without it or not, it certainly has acted most favorably in practically every incipient case upon which I have used it.

#### SPASTIC PARALYSIS IN CHILDREN.

1. Spastic paralysis may result from an apparent normal delivery.

2. Infants who apparently recover may develop a spastic hemiplegia at a later period. A guarded prognosis should be given in all cases.

3. In a number of cases the only clue to a cerebral injury is the presence of stiffness, which mothers notice while bathing and dressing the children.

4. In other cases, delayed functions of sitting and walking direct one to the existing spastic condition.

5. Convulsions in infants, either immediately or shortly after birth, should make us suspect cerebral injury.

6. The possibility of syphilis as the etiological factor should always be borne in mind.

7. Massage, electricity, supports, tenotomies and muscle education usually offer relief, and influence to a certain degree the existing condition.—Grossman, in Medical Record.

#### MAGNESIUM SULPHATE AS AN ANTISEPTIC.

The fact that a saturated solution of magnesium sulphate has been used during the recent war as an antiseptic dress-

ing for wounds, and also that it is employed externally as a dressing in erysipelas, makes all investigations as to the method of its action of peculiar interest.

Northrup, in the *Journal of Infectious Diseases* for February, 1919, states that women have known for some time that a saturated solution of magnesium sulphate may be used as a substitute for talcum or face powder, and that a small amount of this liquid taken in the palm of the hand and rubbed over the face until dry leaves a "bloom" upon the skin, and that if there is a tendency to pimples these dry up and disappear. This led Northrup to investigate the influence of magnesium sulphate on the organism commonly found in ordinary pimples, the staphylococcus aureus. It is not necessary to give the details of this research, but it would seem that magnesium sulphate does possess distinct antiseptic power not only in regard to the staphylococcus, but also that this salt inhibits the growth of the streptococcus in the skin.

This investigator also quotes Morison and Tulloch in regard to its effect upon the staphylococcus pyogenes, and states that these authors also found that magnesium chloride might be used advantageously in place of magnesium sulphate in that it seemed in some cases to possess more power.

Northrup, therefore, suggests that a further study of the specific action of concentrated solutions of magnesium sulphate, and other magnesium salts, on infected skin, or in wounds, may present interesting results.—*Therapeutic Gazette* for August, 1919.

#### THE ROLE OF EMOTION IN MILITARY UNFITNESS.

Dr. Tom A. Williams, Washington, D. C.

Before the American Psychopathological Association, Atlantic City, June 18, 1919.

The popular impression of emotional strain as an important factor of nervous breakdown in war is contradicted by statistics. Of 1,240 cases of functional dis-

order, only seventy passed as emotional. Even when asthenia was included in the statistics, only 13 per cent of the patients could be included. The great proportion of the cases, then, are not emotional, but hysterical.

What is called hysteria is nothing but a way of reacting to suggestion. The soldier who limps because he believes he is hurt, cannot lift his arm because he thinks it is immovable, falls in convulsive spasms on the least provocation because he feels that he cannot control himself, is a hysteric. His behavior is not the result of true emotion at all, and it can be changed readily by appropriate psychological management. It is done by changing the patient's attitude or belief about his condition.

To do this is an art, and requires skill. The new attitude given to the patient must, however, be maintained and fortified by proper exercises in self-control, and by the use of esprit de corps, which is nothing more than a collective suggestion toward the end desired by the staff.—New York Medical Journal, September.

The Indianapolis Medical Journal will publish in its November issue an article by Dr. Williams on the Neurotic Heart—So-Called Soldier Heart. S. E. E.

#### LIABILITY OF SURGEON FOR OPERATING WITHOUT PATIENT'S CONSENT.

By Leslie Childs, Attorney-at-Law, Indianapolis, Ind.

The liability of a surgeon for operating without the consent of the patient is a question that has been rarely presented to the courts of last resort. Until quite recently there was but one such case reported in the English reports, and the American records ran them a close second.

But it is a question that is likely to be summarily brought to the attention of any surgeon at any time. Assume him to be in the operating room, the patient before him under the influence of the anesthetic, the operation perhaps commenced, when he discovers that the patient really requires another

and quite different operation than the one consented to.

The question will then be, what shall he do? Shall he go ahead and operate in accordance with the newly discovered conditions? The probabilities are he will. In which event it will be interesting to know something of his liability, in case the patient afterwards discovers that fact, and possibly chooses to pin a law suit upon it.

The situation is not an impossible one, as the following case will prove: In *Mohr vs. Williams*, 95 Minn. 261, the defendant was a physician and surgeon of standing and character, specializing in disorders of the ear, and having an extensive practice. The plaintiff consulted the defendant concerning a difficulty with her right ear. The defendant examined the organ and advised that an operation be performed. At the same time he examined plaintiff's left ear but owing to the presence of a certain substance he did not make any diagnosis of the organ, and did not advise any specific treatment of the same.

Plaintiff consented to the operation being performed upon her right ear and the necessary arrangements were made. After placing plaintiff under the influence of anesthetics the defendant discovered that her left ear was in a more serious condition and in greater need of an operation.

He called the attention of plaintiff's family physician, who was present but taking no part in the operation, to the condition of the left ear. Thereupon the defendant decided to operate upon the left ear instead of the right, and the family physician making no objection, the operation was proceeded with.

The defendant performed the operation of ossiculectomy, removing a portion of the drum membrane and scraping away the diseased portion of the inner wall of the ear.

Afterwards the plaintiff brought an action to recover damages for an assault and battery. The plaintiff claimed that her hearing had been greatly impaired by the operation; that she had

not previously experienced any difficulty with her left ear, and had not been informed, prior to the time she was placed under the influence of anesthetics, that any difficulty existed with reference to it; that she did not consent to the operation on her left ear, and that the action of the defendant was wrongful, unlawful, and constituted an assault and battery.

The defendant replied that there was an implied consent given; that it was a case of emergency such as to authorize the operation without the express consent of the patient. And further that there was evidence of implied consent in the fact that plaintiff's family physician was present and did not object to the operation as performed.

The lower court gave the plaintiff a judgment for \$14,322.50; however, a new trial was ordered on the grounds of it being excessive damages. An appeal was taken to the supreme court.

In passing on the case the supreme court said: "If the physician advises his patient to submit to a particular operation, and the patient weighs the dangers and risks incident to its performance, and finally consents, he thereby, in effect, enters into a contract authorizing his physician to operate to the extent of the consent given, but no further."

The court held: that the defendant had no authority to perform the operation without the plaintiff's consent, either expressed or implied; that consent was not expressly given and whether or not it was impliedly given was a question for the jury; that if neither kind of consent was given the operation constituted in law, an assault and battery.

The proposition that the presence, and apparent acquiescence, of the plaintiff's family physician would tend to relieve the defendant of liability was disposed of by pointing out that the family physician took no active part in the operation; in fact, was there by request of the plaintiff more to allay her fears and give her more confidence. In effect

holding that he had no authority, in this case, to consent to the operation as performed for the plaintiff.—*Modern Medicine*, May, 1919.

### JACKSONIAN EPILEPSY.

Earl, in *Minnesota Medicine* for September, summarizes as follows:

1. As a prophylaxis against the development of Jacksonian epilepsy, all head injuries, whether received at birth or subsequently, should receive prompt and adequate surgical treatment.
2. Because all lesions lying over the motor area do not cause Jacksonian epilepsy we must conclude there is a susceptibility of soil in some patients and not in others.
3. Before undertaking operation the so-called medical, dietetic, hygienic, treatment should be given a thorough trial.
4. Although operative results have not been brilliant, the outlook without surgery is practically hopeless.
5. In the cases in which a definite lesion is found and removed a complete cure may be looked for.
6. When no lesion is found the epileptogenic area should be located by electrification and removed.
7. When surgery does not effect a complete cure the attacks are usually lessened in frequency and severity.
8. Operation should be undertaken as soon as the diagnosis is made or time may establish the so-called, "epileptic habit."

### EXPERIMENTS TO PRODUCE HUMAN TUBERCULOSIS IN FISH.

Rosenberger contributed a comprehensive article to the *New York Medical Journal* May 24, 1919, from which we take the following:

The histological examination of these fish showed no evidence of tubercle formation, and in sections stained for tubercle bacilli few acid fast organisms were demonstrable in the intestinal contents, but in no case were any organisms demonstrable in the musculature.

There appeared to be an unusually large number of small round cells in the submucous coat of the intestinal canal, but, apart from these, there was no evidence of any diseased condition whatsoever. During the first eighteen months of these experiments, a three-gallon aquarium, containing clear water and apparently normal gold fish, was kept on the same laboratory table as the tub containing the experimental fish and at the same intervals as the experimental fish were studied, control studies were made of the feces of these fish. In none of the specimens were any acid fast organisms demonstrable.

These studies lasted for a period of over three years, and my object was to try and determine if tuberculosis could be produced in fish with the human tubercle bacillus by raising the temperature of the water to or near the body temperature of man. As is well known, in certain parts of the world the eating of raw fish is quite common, and it occurred to me that this might be one of the means of the dissemination of the disease.

During the entire period of my experiments in all of the spreads studied both from the sediment of the water and the feces of the fish, tubercle bacilli were always demonstrable, although in gradually decreasing numbers. It is seen that tubercle bacilli are taken up by fish and discharged by them without undergoing any change morphologically or tinctorially and that the decrease in number of organisms may have been due to a disintegration which is natural in the undesirable medium in which they were contained, and possibly, to the action of the rays of the sun, which in the mornings had played upon this water. It is also probable that a small number were destroyed by the fish. My object in stirring the water for a period of five minutes daily by the watch for a month was to make the water as heavily polluted as possible with these organisms, to stimulate, as far as possible, concentration of bodies of water, the banks of

which have been washed by rains and freshlets.

It seemed that the time (three years) mostly at ordinary room temperature, and for several months from 30 to 33 degrees C., was sufficient for infection to have taken place in these fish, and in not one fish was the least suggestion of a tubercle found, except a seemingly increased number of small round cells in the submucosa of the intestinal canal. I made histological studies of a number of control fish of the same variety as those experimented upon, and in all of them great numbers of small round cells were observed in the submucosa of the intestines.

#### FRACTURES OF HEAD OF RADIUS.

1. Fractures of the head of the radius are frequent and are often unrecognized.

2. The two most common types are a split extending downward into the neck and shaft of the bone and a crushing of the anterior lip.

3. The cause is not definitely determined.

4. The diagnosis can usually be made by the muscular spasm which accompanies rotation and this is present in all cases.—Daugherty, in *Minnesota Medicine* for September, 1919.

#### MAN AND HIS WANTS.

"Man wants but little here below,"

So runs the song. And yet  
Man wants a lot of things we know  
He's never going to get.

He wants a mighty share of wealth;

He wants affection, too.

He wants long life and perfect health,  
And honors not a few.

The mortal span through which we pass  
Is something swift and small.

Man wants so many things alas!

No one can have them all.

—Washington Star.

## MEDICAL MISCELLANY.

### MEETING INDIANA STATE MEDICAL ASSOCIATION.

Reported for the Journal by Drs. C. C. Campbell and H. K. Bonn.

The Indiana State Medical Association held its annual meeting at Indianapolis, Ind., September 24, 25, 26. This was one of the best attended meetings in the history of the society.

The last report I received was about 1 p. m., Friday, September 26, and up to that time 529 had registered.

This meeting contained an abundance of the spirit of good fellowship, which was contagious and easily contracted by the members as they reported.

Now that we have experienced what a difference a little leaven of good fellowship will make in our meetings, let us continue with this same spirit in all our meetings, both state and county. Dr. Sterne, in speaking to a few doctors in the hall, commented on the magnitude of a few of the problems that will confront us as doctors in the next few years, and it is common knowledge that we will never be able to cope with any great problems concerning us as doctors, unless we begin now to have more regard for our fellow practitioners and display to him more of that spirit which was displayed in the face of nearly every doctor who attended this meeting.

We have been taught—and some have experienced recently—that in union there is strength.

#### Medical Papers—Scientific Program.

Dr. Nettie B. Powell, Marion.

Subject: Influenza in Children.

The doctor presented the subject in a very able manner and as thoroughly as she covered the subject it left very little for discussion. She emphasized the fact that influenza in children lowered the resistance to such an extent that a long period of convalescence was experienced in most of the cases. She also predicted that should influenza again visit us this year there would be

a greater number of cases manifesting gastro-enteric symptoms.

Dr. Charles P. Emerson, Indianapolis.

Subject: Clinical Manifestations and Sequelae in Influenza.

As in all of his papers, this one not excepted, there was food for thought for the doctor of today. The doctor is of the opinion that we should not be too sure of the cause of influenza and call it by some particular name. He prefers to use the term influenza organism until we have more complete laboratory findings. He emphasized the fact that the sequelae are due to well known organism. He advised the X-ray as a diagnostic aid in all cases that had suffered from influenza during the last epidemic if they again presented themselves for treatment. As the treatment for pulmonary tuberculosis is much the same as sequelae of influenza, which manifest itself in the chest, the doctor recommends that these cases receive practically the same treatment and thus be on the safe side, as they will clear up in a number of cases.

Dr. E. N. Kime, Indianapolis.

Subject: Correlation of Bacteriological and Pathological Findings in Influenza in One Hundred Necropsies at Camp Taylor, Ky.

The doctor gave some very interesting pathological findings, which to a great extent supports the theories of our clinicians, but revealed to us the fact that there was great room for improvement from the diagnostic viewpoint.

Dr. A. C. Kimberlin, Indianapolis.

Opened the discussion by saying that there was very little he could add to such papers as these, but he would like to emphasize the fact that two things were necessary to make one susceptible to influenza—moisture and diminished vesicular volume. He suggests the



using of a 50 per cent. solution of alcohol sprayed into the nose with an atomizer frequently and isolation of all cases.

Dr. Ada Schweitzer, Indianapolis.

Subject: Child Hygiene and the Doctor.

This was a very timely paper as we are just entering upon another school year. She dwelt at length on the necessity of encouraging intelligent observance of our marriage laws. Advocates the teaching of the public to have a better understanding of the importance of the removal of handicaps and thereby bring about an early correction of defects and reduction of morbidity and mortality by the conservation of health.

Dr. J. R. Newcomb, Indianapolis.

Subject: Relation of Ophthalmology to Child Hygiene.

Doctor emphasized the importance of caring for the normal eye in childhood and solicited the aid of the family physician, the family, the examining physician of the schools and teachers in the detection of abnormalities and an early correction of the same. He emphasized the general improvement of the child following correction of faulty vision.

Dr. Daniel W. Layman, Indianapolis.

Subject: Relation of Oto-Laryngology to Child Hygiene.

Doctor impressed upon us the necessity of more attention being given to these regions, as they often are the seat of a very active disease which, if overlooked, do a great deal of injury to the child.

Dr. C. D. Humes, Indianapolis.

Subject: Meningitis — Neurological Manifestations.

In this paper the doctor dealt with the infectious type extensively.

Dr. J. A. MacDonald, Indianapolis.

Subject: Meningitis — Systematic Manifestations, Complications and Treatment.

He cautioned us to be on the lookout for the source of infection in our sporadic type, as it is entirely within the field of good reasoning to look to our returning soldier, in some cases, being the carrier.

Dr. Scott Edwards, Indianapolis.

Subject: Blood Sugar in Cancer.

Doctor presented a very interesting paper on this subject and showed us how it is possible to determine the normal contents of sugar in the blood at given periods, by feeding a given amount of glucose on a fasting stomach.

Dr. A. Parker Hitchens, Indianapolis.

Subject: Lipovaccines.

A paper on this subject naturally creates a great deal of interest and this one was no exception. The doctor is of the opinion that cottonseed oil serves the purpose better than any other oil. He is of the opinion that these vaccines have the advantage over the saline vaccines in that an immunizing treatment may be contained in one dose and the antigenic substances are released to the tissues gradually and constantly as in recovery from disease.

C. C. CAMPBELL.

#### RESUME OF THE SURGICAL PAPERS PRESENTED BEFORE THE IN- DIANAPOLIS MEETING OF THE STATE MEDICAL ASSOCIATION.

Dr. E. B. Mumford, of Indianapolis, read an excellent paper upon "Active Mobilization in Joint Conditions."

The essayist stated that the work of Willems, of Belgium, has made imperative a radical change in the treatment of joint conditions, particularly purulent joint infections and intra-articular fractures. Heretofore these conditions have been treated by immobilization, but now, due to Willems' work, we must institute active mobilization in place of this former idea of immobilization.

The keynote of Willems' treatment is immediate continuous and active mobilization which begins when the pa-

tient has recovered from the anesthesia, during which the arthrotomy has been done. This arthrotomy is of course done only in purulent joint conditions, and the arthrotomy incision is usually made on the external lateral aspect of the joint and extends well upward. The joint capsule is left open.

Active mobilization is then begun as soon as the patient has regained consciousness, but the patient must move his own joint by his own muscles and he is to be in full control of the situation at all times. The patient is usually able to walk a few steps by the end of the first post-operative week, and as he moves, as for instance if it is the knee-joint which is involved, pus is ejected from the joint at each step.

Passive motion is never instituted.

The tract of the foreign body is always excised, when present, but there is no irrigation used unless foreign material is found in the joint.

Fever is not a contradiction to active mobilization.

The knee and elbow joints have given the best results under Willems' treatment.

In intra-articular fractures, active mobilization is to be practiced, so long as a displacement of the fragments is not produced.

Dr. G. D. Marshall, of Kokomo, speaking from his experience, obtained with the British in English hospitals, disagreed with Dr. Mumford decidedly, saying that the late results, as observed after Willems' technic, were quite generally disappointing, and that the English did not regard active mobilization with much favor.

Dr. Bruggeman, of Fort Wayne, agreed with all of Dr. Mumford's conclusions, and thought that the reason the English saw bad results following Willems' treatment was due to the fact that treatment after the method of Willems had not been given early enough.

Dr. Bruggeman emphasized the fact that active mobilization must be early, continuous and active, in order to achieve results.

Captain A. E. Mozingo, M. C., U. S. A., presented a motion picture, showing his method of dealing with empyema, by the so-called closed method.

He advocated (1) the insertion of a trocar into the chest, under local anesthesia, followed by (2) the immediate introduction of a small rubber tube into the abscess cavity, by passing the tube through the cannula of the trocar after removal of the trocar obturator, both of these steps to be done without admitting air into the chest.

Intermittent removal of the secretions by means of a bulb syringe is the third step of the technic, followed by (4) treatment of the cavity by Dakin's solutions and a 2 per cent. dilution of liquid formaldehyde in glycerine, these solutions to be used by means of the bulb syringe.

The keynote of this closed method of dealing with empyema, is the maintenance of a definite negative pressure within the abscess cavity.

Captain Mozingo described several unusual cases and gave the mortality reports from various camps where other methods had been used as compared with the mortality when his closed method was used.

The paper was discussed by Dr. F. A. Tucker, formerly colonel, Medical Corps, U. S. A., who heartily agreed with the conclusions offered by the essayist and complimented him upon his work.

Dr. J. R. Eastman also discussed the paper, saying that a new chapter upon the treatment of empyema had been written by Dr. Mozingo.

Dr. Eastman, however, felt that this method was not applicable to cases of long standing, where the pleura was as thick as one's hand.

Dr. Arthur Guedel, of Indianapolis, read a paper whose subject was, "Subclassification of the Third Stage of Anesthesia, with Significance of Eye-Ball Movements."

The essayist has divided the third stage of ether anesthesia into four strata, and states that proper surgical

anesthesia is obtained in the upper or first strata of the third stage. The character of the respiration and the eyeball movements were defined for the different strata of anesthesia by a black-board diagram.

This paper was discussed by Drs. Maie Kast and C. L. Cabaltzer, who agreed with Dr. Guedel's premises and suggested that surgeons train themselves to work under a light anesthesia.

Dr. E. D. Clark suggested that the use of procain solution infiltration of the tissues in the field of operation offered a useful adjunct to a light anesthesia.

Dr. J. R. Eastman advised doing more work under local anesthesia in order that a gentle touch could be cultivated and a proper respect for the tissues be obtained.

Dr. O. O. Moelton, of Hammond, spoke on "Conservative Surgery." The essayist made a plea for early accurate diagnosis in each case, thus permitting the surgeon to not be compelled to do such radical work.

Dr. E. A. Padgett, of Indianapolis, read a paper entitled, "The Treatment of Uterine Fibroids, Laying Especial Emphasis on the Relative Merits of Surgery, Radium and the Roentgen-Ray." Dr. Padgett thinks that surgery is the proper treatment for uterine fibroids, since the mortality is lower than with other methods, and that all surrounding diseased tissues may be removed at the operation. Also degenerative processes may be present in the fibroid, these being removable by operation.

Radium or the Roentgen-ray may excite an old dormant infection. The essayist believes that the only contraindications to operation are cardiac or renal disease of marked extent or advanced tuberculosis.

Dr. Charles Haywood, of Elkhart, read a paper entitled, "Some Fractures of the Pelvis." Dr. Haywood dealt in some detail with the mechanics of the pelvis. He considers that fractures of the pelvis are neither so rare nor so serious as has been thought heretofore. Dr. Haywood emphasized the necessity of

an X-ray examination being done before any manipulation is attempted. Several cases were reported by the essayist.

Dr. N. H. Baker, of South Bend, spoke upon "Observations Concerning Chronic Uterine Infections." He described the gross and microscopic pathology found in these cases, before and after removal of the tubes. The essayist considers the uterus a foreign body after double salpingectomy.

The preceding four papers were liberally discussed, the discussion being opened by Dr. T. C. Kennedy, who did not agree with many points of Dr. Padgett's paper. Dr. Kennedy said that radium will cause a retrogression of a fibroid and offered several case reports as evidence to substantiate his assertion.

Dr. Kennedy quoted extensively from Abbe and Kelly in regard to the efficiency of radium in the treatment of uterine fibroids. He considers that a small soft fibroid, producing bleeding and without evidence of degeneration in the tumor, to be the type of case in which radium should be used.

Dr. E. D. Clark, of Indianapolis, stated that he approved of the sentiments expressed by Dr. Moelton, but that sufficient surgery should be done so that no more surgery should be necessary.

Dr. H. K. Bonn, of Indianapolis, presented a paper entitled "Hour-Glass Bladder, with Report of an Operated Case."

Drs. W. N. Wishard and H. G. Hamer presented a resume of their "Last Two Years' Work in Prostatectomy."

This paper was in completion of their views as enunciated at the state meeting in Evansville, two years ago.

They have found no reason to change their views in regard to the two-stage operation being the best procedure in those cases which are poor surgical risks. The essayists regard preparatory treatment as frequently necessary and of great value.

Dr. P. E. McCowan, of Indianapolis, read a very complete paper upon the subject of "Renal Tuberculosis." He

considers the cystoscope to be the most valuable single agent in determining the extent of the disease and as to whether involvement has become bilateral. Nephrectomy is the procedure giving the best results.

Dr. A. C. Yoder, of Goshen, spoke upon "Kidney Function Tests," and accompanied his paper by descriptive charts.

Dr. B. Erdman presented a very interesting autopsy specimen consisting of both kidneys. The left kidney was a hydronephrotic one, with complete obstruction of the ureter occurring two inches from the bladder. The right kidney was represented by a typical enormous pyonephrosis, studded with tubercles.

H. K. BONN.

#### Notes.

President W. H. Stemm delivered an address which concerned health matters and he advocated the "all time health officer."

As usual Dr. J. H. Oliver made a good toastmaster at the banquet. None better.

Dr. Stone, of the public health service, delivered one of the best addresses of the session.

C. V. Mosby Co., of St. Louis, had the latest books on exhibition. The display of W. B. Saunders had a crowd of doctors in the room at all times.

The Swan-Myers Company, W. D. Allison, W. H. Armstrong Co., Pittman-Moore Co., Dugan-Johnson Co. and the Charles H. Phillips Chemical Co. were represented at the society. Those in charge of the exhibits were courteous and their presence was of mutual advantage.

The smoker given by the society was crowded. The program was good. The refreshments pleased the doctors—plen-

ty and good, while the cigars were high class. Now and then a cigarette was sandwiched in. Such a place of good cheer is needed. It is a good place to get acquainted with your neighbor; as proof I cite this instance. Two doctors who had practiced in Indianapolis for twenty years, met at the refreshment table. One said to the other, as a matter of courtesy: "Where are you from?" Thinking it a joke, the reply was, "Oh, I am from Brown county." A full history of Brown county was given at random though the speaker had never been in Brown county. When some friends noted the earnestness of the conversation an introduction followed. Then there was much merriment. Now if these two doctors had read papers before the local society and attended regularly the mistake would not have happened. Better follow President Neu's advice, attend your society and read papers. This is your duty.

Dr. C. H. McCully, of Logansport, was elected president of the Indiana State Medical Association. Dr. Budd Van-Sweringen, Fort Wayne, first vice-president; Dr. Samuel Hollis, Hartford City, second vice-president; Dr. Charles Htoltz, South Bend, third vice-president, and Dr. Charles N. Coombs, Terre Haute, secretary-treasurer.

Dr. George Spohn, Elkhart, and Dr. A. E. Bulson, Fort Wayne, were elected delegates to the next national convention, and Dr. C. D. Humes, Indianapolis, and Dr. B. D. Myers, Bloomington, were named as alternates. Dr. George R. Daniels, Marion, was elected to serve three years as a member of the administration committee.

It was decided to hold the next convention of the association at South Bend, in September, 1920.

#### IMMIGRANT STATISTICS.

Anthony Caminetti, commissioner-general of immigration, has issued a statement showing that only 102,000 unassimilated immigrants—or foreigners—have left this country since the armistice.

tice was signed, and incidentally taking advantage of the excess of immigrants over emigrants in the same period to refer to the "hysteria that exists in relation to emigration." The statistics bear out the opinions expressed several times within recent months by immigration authorities, and prove that warnings circulated by commercial and banking associations were either effective as a check on emigration or in the main uncalled for and an unwarranted cause of alarm.

The government figures show that at present the flow of aliens into and out of this country is entirely satisfactory. The employers of unskilled labor would doubtless welcome a flood of immigrants, and certain elements would welcome a policy of complete exclusion. But the business of the country, as it touches the immigrant question, is to formulate a sane immigration policy which shall neither close the doors of freedom and democracy to desirable aliens, nor invite a horde of radical idlers bent only on spreading the political ideas of a crowd of hunted assassins. Now, while the movement is naturally sluggish, is the time to revise the regulations without danger of giving offense to friendly powers.

A special plea for lax immigration laws can easily be based upon the official statement that in the five years ending June 30, 1919, some 600,000 emigrants left America. But the causes for the large exodus are not given, and in the absence of official information, it is only fair to conclude that thousands of them returned to fight the civilized world's battle under the standards of their native land. This was especially true in the case of the Italians. It is an indication that they were suitable material out of which to make good Americans, and it is no indication whatever that they were dissatisfied with conditions in America.—Indianapolis News.

#### BEQUESTS OF DR. JOHN T. BURFORD

Dr. John T. Burford, aged 71, retired physician of Indianapolis, died at the home of his brother, W. B. Burford, Sept.

13. He was born in Independence, Mo., July 21, 1848, and came to Indianapolis in 1871.

He left an estate valued at \$250,000. Other than relatives, the bequests were: Y. M. C. A., \$2,500; Y. W. C. A., \$2,500; Indianapolis Orphan Asylum, \$3,000; Home for Aged and Friendless Women, \$3,000; Deaconess Home of the Indiana Conference of the Methodist Church, \$2,500; Colored Orphans' Home, \$1,000; Flower Mission, \$1,000; Mayer Mission, \$2,500, and \$2,500 to the Cosmopolitan Chapel on West Maryland street. He also gave \$5,000 to the city of Indianapolis for the purpose of increasing the public bathing facilities, to be spent under the direction of the commissioner of recreation.

#### MARION COUNTY'S FIRST DIVORCE.

According to the Daily Times, a divorce may be granted in Marion County in sixty days, and sometimes thirty are filed in one day. In May, 1823, Elias Stallcup filed a suit for divorce against Ruth Stallcup, but it was discontinued. Dennis Spurried, after waiting two years, obtained a divorce from his wife Oct. 27, 1826. This is the first record. The Times says there were twenty-seven lawyers in Marion County in 1822, and nine resided in Indianapolis. The first marriage license was issued to George Beeler and Mary Ann Stone April 31, 1822, and May 1, Ann was "Queen of the May."

#### DR. W. R. MORRISON PASSES NATIONAL BOARD AND THEN MARRIES.

Dr. W. R. Morrison was the first from Indiana University School of Medicine to pass the examination before the National Board of Medical Examiners. Dr. Morrison graduated in 1918 and completed his internship at Philadelphia General Hospital and became assistant resident physician in same hospital. On Oct. 5 Dr. Morrison was married to Miss V. Clark of Warren, Ind., and has located at 418 North Main street, Kokomo, Ind. Upon making such a record, we extend congratulations.

### OPENING OF THE NEW MEDICAL SCHOOL BUILDING OF THE INDIANA UNIVERSITY SCHOOL OF MEDICINE.

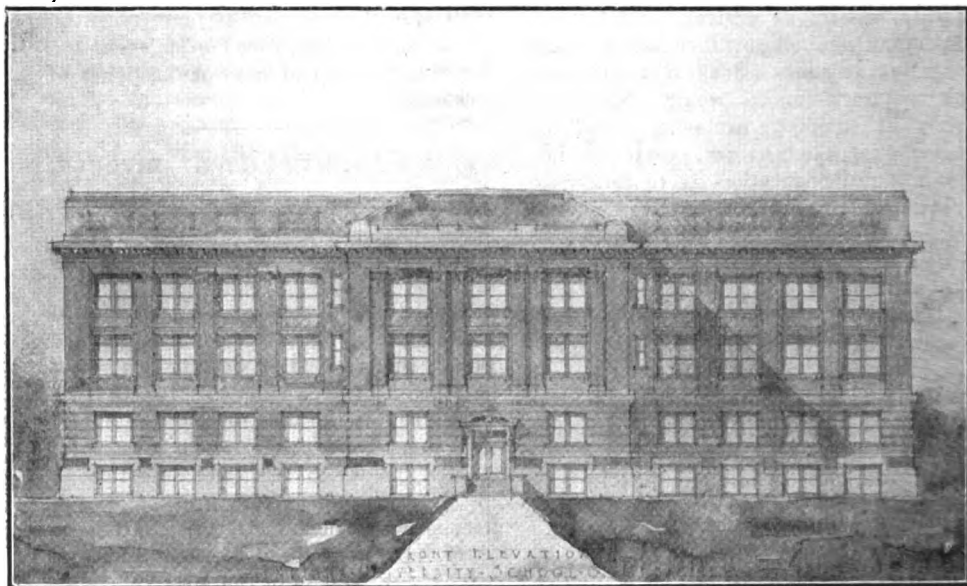
The reception to the new medical students was held in the new medical school building Friday evening, Sept. 19, 1919, at 8 o'clock p. m.

This was the first social function held in the new building, and nearly every member of the faculty was present, and nearly 200 guests. The new building was opened with an informal social meeting.

Brief congratulatory statements were made by President Bryan, Dean Emerson and Secretary Edmund D. Clark, who recently returned from overseas. Dr. Clark was commander of the Lilly Base Hospital No. 32.

Refreshments, a profusion of flowers and flags, music and dancing were among the prominent features.

The new medical college is situated within a hundred rods of the beautiful and complete Robert W. Long Hospital. This is the teaching hospital of the Indiana University School of Medicine.



THE NEW MEDICAL COLLEGE BUILDING.

### PHYSICIANS AND THE TRAFFIC ORDINANCE

There was a called meeting of the Indianapolis Medical Society to discuss means of obviating the hardship to the doctors caused by the traffic rules. The doctors are law-abiding citizens and will continue so. It was thought that some concession should be made, not on account of the unnecessary inconvenience only, but the fact that it prevents rendering service promptly to sick people. Not infrequently most doctors are kept in their office by patients beyond the

parking limit. Response to calls cannot be made promptly. At times, when calling to see a patient, it seems almost a necessity to violate the traffic rules; perhaps not always so, but very frequently. The doctors do not desire to violate the law, but they do desire to render aid to those who need it. During the past week two doctors violated the law and, by doing so, two lives were saved. One was a case of injury, and the other a cesarean section. The doctors do not claim relief simply because they are rendering free service at the City Hospital and

dispensary, although, if paid for, it would amount to more than a million dollars last year. One doctor remarked that during his free service at one hospital, if paid, he would have received over \$500,000. This is the case with many. The doctors will not strike nor grumble about caring for the poor. It is a part of their life and they will continue to give their best services to the city poor, even if no concessions are made to them; and yet it is believed with confidence that when the authorities understand the situation, all will be well. The doctors recognize that those who are at the head of the city government are liberal and fair minded men, and in them the doctors have the greatest confidence.

The meeting of the doctors was dignified and the expression of sentiment was not marked by any unkind words—simply get together and have a better understanding of the situation.

The following committee was appointed to wait on the mayor: Drs. C. F. Neu, A. L. Marshall, N. E. Jobes, Carl McCollough, W. B. Kitchen, F. E. Abbett, W. S. Tomlin, S. E. Earp, J. H. Oliver, H. E. Gabe, E. M. Amos, T. J. Dugan.

#### ERNST HAECKEL DEAD; FAMOUS EVOLUTIONIST.

JENA, Germany, Aug. 11.—Professor Ernst Heinrich Haeckel, professor of zoology at the University of Jena and famous for his research work supporting the theory of evolution, died here Saturday. He was born Feb. 16, 1834.

Present day knowledge and theories of evolution along biological lines are largely indebted to scientific researches made by Ernst Heinrich Haeckel. Next, in fact, to Darwin and Wallace, it was said no one had done more to sustain, explain and defend the doctrine of evolution than Haeckel, who, for nearly fifty years, was professor of zoology at the little University of Jena, Germany. He was the leading exponent of evolution on the continent of Europe, and he carried his researches far beyond those begun by either Darwin or Wallace. Some index to the influence which he had on

the scientific world is supplied by the fact that his literary output amounted to some fifty scientific works, including nearly 20,000 printed pages, and that the principal editions have been translated from the original German into fifteen different languages.

#### Special Chair Created.

When a boy of only 12 years, descended from a family in which law had been the dominant predilection, Haeckel indicated his choice of science as his life work, by making an extensive collection and classification of flowers. He was born at Potsdam, Feb. 16, 1834. During his high school years he prepared a botanical work for publication. But at his father's wish, he undertook medicine, and after study under some of the most distinguished professors of the time at the University of Berlin and elsewhere, he started to practice in Berlin. Continually tempted from his practice by the lure of scientific research, he finally found the path clear for him at the University of Jena, where a special chair of zoology and a museum was created for him. This chair he clung to with tenacious affection from the early sixties until his retirement in 1900, notwithstanding that he had repeated invitations to move to more important centers of learning, both in Germany and abroad.

He spent all his life at Jena, with the exception of times that he left to seek a zoological harvest abroad. As a knight errant of science, Professor Haeckel wandered over practically all of Europe, Asia and Africa, and aside from his purely scientific work, wrote engaging books of his travels. As one instance of the courageous way in which he pursued his hunt for forms of life, then unknown, he tells of his swimming at considerable depths in the sea to study marine life, and of receiving stings and bites from various aquatic enemies that laid him up for some time with wounds.

#### Influenced by Darwin.

A number of Professor Haeckel's books have been declared epoch-making, including one of his first works, "General Morphology," written when he was 32

years old, and which he later enlarged upon in a work called "The Natural History of Creation." Darwin's theories on the origin of the species had been given to the world in 1859, almost coincident with the beginning of Haeckel's scientific career, and these had such an influence over him that he became the chief apostle of Darwinism in Germany. Darwin himself paid tribute to Haeckel's work by declaring, in his preface to the "Descent of Man," that Haeckel possessed on many points fuller knowledge of the doctrine of evolution than he.

Haeckel declared that there was no creation other than casual, efficient, inevitable correlation. Psychology he regarded as merely a branch of physiology, and held that every living cell had psychic properties, with the psychic life of multicellular organisms representing the sum total of the psychic function of the cells of which they are composed. Moreover, just as the highest animals had been evolved from the simplest forms of life, so the highest faculty of the human mind had been evolved from the soul of the brute beast. As a consequence of these views, Haeckel was led to deny the immortality of the soul, the freedom of the will and the existence of a personal God.

Professor Haeckel was the first to draw a genealogical tree exhibiting the relationship between the various orders of animals with regard both to one another and their common origin. In a notable paper before the International Zoological Congress, in 1898, he traced the human race back to simple structureless masses of protoplasm.

Skilful with oils and water colors, Professor Haeckel produced a great number of original plates with which his works were illustrated in color. His two large volumes on calcareous sponges, published in 1872, constituted one of his greatest scientific works. Among others that were of such importance as to find their way into foreign languages were his "Pedigree of Man," "Freedom in Science and Teaching," "Life in the Deep Seas," "The Origin and Development of Tissues of Animals," "The Confession of

Faith of a Man of Science," "The Wonders of Life" and "Last Words on Evolution," the last named appearing as recently as 1906.—Press Item. A. W. B.

#### ABSTRACTS IN BOOK DEPARTMENT.

Our book department contains more than the proverbial so-called "straw review." Important information from the book is given. From the latest books we give valuable abstracts. Read this portion of the Journal and it will be a profit and you can determine what books to buy.

#### DR. GUEDEL'S ANESTHETIC COMBINATION USED FOR 40,000 CASES IN THE GREAT WAR.

Forty thousand American soldiers, wounded in battle, were operated on under the war-time emergency system of anesthesia developed by Dr. A. E. Guedel of Indianapolis, one of the delegates to the convention of the Interstate Association of Anesthetists in annual session here. He told the delegates of his work in the hospitals in France. He developed an anesthetic in which he used ether, chloroform and ethyl chloride in a new combination, with which he made the patients ready for operation in two minutes. After it had been used in 2,000 cases, he was ordered to visit all the American hospitals in France and introduce his method. He displayed a unique contrivance that he invented in France for the purpose of what might be termed "long distance anesthetizing."

The above press note represents the facts quite accurately. A. W. B.

#### LADY NICOTINE.

In our original department, this issue, there appears an article by Dr. P. A. Zaring on tobacco, which expresses emphatic views of the author. In this connection the following item will be of interest:

It is believed that the first English woman to form the habit of smoking tobacco was Mary Frith, better known to her contemporaries as "Moll Cut-Purse," who was born in 1665. In her time



pockets had not been invented, and gentlemen carried their money in purses worn at the girdle. "Moll Cut-Purse" early became an adept in the art of cutting the strings of purses without the knowledge of their owners. She always wore men's clothing. Despite her dishonest methods of making a living, she was good-hearted, divided her spoils liberally with those in need, and was a devoted adherent to the cavalier cause. In ancient prints she is usually pictured smoking a pipe, and she was undoubtedly the first white woman to publicly proclaim her allegiance to "Lady Nicotine." She lived to be nearly eighty, and left a will requesting that the remainder of her fortune be spent in merry-making at her funeral.

#### DOCTOR'S WAYSIDE STORIES.

(Collected by Jane Janus.)

##### The Word "Dam."

At a meeting of doctors recently, Dr. Jewett Reed, in discussing a measure, remarked that it was not worth a dam. A doctor rose to a point of order, saying that profanity in the presence of a lady (Dr. Hannah Graham) was out of order. A friend came to Dr. Reed's rescue by explaining that the "dam" is a small coin which circulates in India, and the phrase means "not worth 2 pence."

##### The Milky Way.

An Indianapolis doctor was called to testify to the health of a young man who was arrested on a charge of loitering. The prosecuting attorney, in thundering tones, said to the accused, who was on the witness stand: "You never worked a day in your life." The witness replied: "I worked ever since I was born." The attorney then, in thunder-and-lightning tones, asked: "What did you do the first year of your life?" He replied: "I milked." Such a boy could earn a living by his wits, and I was not called to the witness stand, quoth the doctor.

#### NEWS ITEMS.

Dr. John T. Day has returned from army service and will practice genito-urinary work in Indianapolis.

Dr. C. K. Jones, who was in military service and practiced surgery in Indianapolis, has located in Chicago. He is associated with Dr. Coleman G. Buford, 1433 Gas Building.

Capt. M. D. Willcutts of the Fifth Regiment, U. S. Marines, visited Indianapolis in September. He was formerly an interne at the City Hospital.

Captain R. A. Solomon, formerly of the Long Hospital, has returned to Indianapolis to practice medicine.

Dr. J. M. Toney, aged 50, of VanBuren, fell dead of heart disease Sept. 30, while on his way to Marion. Dr. Toney left VanBuren in an automobile, left the machine and walked under a tree near the roadside. A farmer's wife noticed him and saw that he was apparently suffering great pain. She hastened to his side and suggested calling a physician. Dr. Toney replied: "You might call one, but I believe it is too late." He died within a few minutes.

A very beautiful ceremony took place on Wednesday, Oct. 24, at the home of Mr. and Mrs. Albert O. Githens, 734 Terrace avenue, Indianapolis, when their only daughter, Mae Henrietta, was united in marriage to Charles Thompson Langmaid. The Rev. S. S. Aikman of Brazil, Ind., read the service before an altar of palms, ferns and baskets of pink and white asters. The bridesmaid was Miss Helen Amend of Philadelphia, and Lieut. Clifford Carnahan of New York was best man. Mrs. Langmaid was formerly a clerk in the Journal office. Mr. and Mrs. Langmaid will be at home to their friends after Nov. 15 at No. 6 Audubon Court, Irvington.

Dr. Frank A. Brayton has resumed practice at 330 Newton Claypool Building, after having spent twenty-seven months in the Medical Corps of the United States Army. He entered the army on April 21, 1917, and for three months was stationed at Allentown, Pa., with the army ambulance service. In

November, 1917, he was transferred to the port of New York, serving in a base hospital at Camp Mills, L. I. The last eight months of his service was in debarkation hospital No. 3, at Eighteenth street and Sixth avenue, New York City, which was the largest hospital maintained by the army in the war. It had 4,000 beds. Dr. Brayton was discharged from service at Hoboken, N. J. He is a son of Dr. A. W. Brayton, one of the editors of this Journal. Another son, Dr. Nelson Brayton, is practicing medicine at Phoenix, Ariz., and still another is a pre-medical student at Indiana University.

Dr. C. R. Strickland has moved his office to the Eastman Sanitarium, 331 North Delaware street. This is also the location of the office of Dr. Joseph Rilus Eastman. Dr. Strickland limits his practice to internal medicine.

Dr. Virgil E. Andrew, who graduated from the Central College of Physicians and Surgeons in 1890, died at his home in Indianapolis, Sept. 27, from cerebral tumor.

Dr. Wm. J. Mellinger of Flora, Ind., has moved to California. He was formerly an interne at the Indianapolis City Hospital and an assistant at the university school.

Dr. and Mrs. Paul T. Hurt have returned from New York.

At the Wood Garage fire several physicians lost valuable machines, among whom were Drs. Lafayette Page, T. B. Noble, Wm. Wright, A. C. Kimberlin, W. S. Tomlin and Joel Whitaker.

Dr. Walter M. Byers of Mohawk, Ind., as the result of an automobile accident, died at the Deaconess Hospital Sept. 20. His machine was struck by a train near where he lived and he sustained a fracture of the skull, it is said.

Miss Winifred Hitzfield, formerly an employe in the Treasury Department at Washington, is now an assistant on the Journal staff.

Rev. Henry W. Vitz has become manager of the Deaconess Hospital.

Dr. Charles Gillespie of Seymour and Dr. George Miller of Logansport visited Indianapolis in September.

Mrs. Sarah E. Newcomer, aged 91, died in Indianapolis Oct. 1. She was the widow of Dr. Frisby S. Newcomer, who died thirty years ago.

Dr. Robert Moore, Dr. L. E. Ensminger and Dr. R. L. Lee have been appointed on the staff of the City Hospital. Dr. Ralph Lochry has charge of the X-ray department.

Five soldiers at Fort Benjamin Harrison drank oil of wintergreen Sept. 13. and one, named Oliver Eager, of South Bend, died. It was taken for the amount of alcohol it contained.

Dr. W. D. Hoskins has resumed his practice, after an operation for appendicitis.

Dr. G. V. Woollen has returned to his home from St. Vincent's Hospital, where he was sick several weeks.

Dr. John W. Carmack, who recently returned from army service, has located at 37 Willoughby Building. His practice is limited to diseases and surgery of the ear, nose and throat.

Dr. F. E. Abbett has limited his practice to gynecology and obstetrics and is located at 608 Hume-Mansur Building.

Dr. Wade Thrasher, whose practice is limited to the ear, nose and throat, has moved his office to 420 The Pennway.

Dr. Joel Whitaker, who was injured in an automobile accident, has never completely recovered and, as we go to press, is in St. Vincent's Hospital for surgical treatment.

Dr. A. E. Guedel has resumed the practice of anesthesia and general medicine at 517 Hume-Mansur Building.

## BOOK AND JOURNAL REVIEWS.

**The Surgical Clinics of Chicago**, June, 1919, Volume 3, Number 3, with 118 illustrations. Six numbers a year. Price, \$10.00 per annum. W. B. Saunders Company, Philadelphia and London.

The contributions are high-grade, interesting and educational. The authors are eminent in the profession. The illustrations are many, some plates being colored.

The following are abstracts of some of the clinics:

### Clinic of Dr. Daniel N. Eisendrath.

**Injuries of the Joints in War and in Civil Life**—Brief review of the pathology of the various forms of war injuries of joints and of the principles underlying their treatment. Presentation of four cases illustrating how the experience acquired during the war may be applied to the treatment of compound joint injuries in civil life, with especial reference to primary suture, Carrel-Dakin treatment and early mobilization. Additional remarks on re-education and rehabilitation, by Mrs. Minnie S. Sigsbee.

### Clinic of Dr. William F. Hewitt.

**Indications for Cesarean Section**—Three cases illustrating factors to be considered in deciding for or against cesarean section in the treatment of the complications of pregnancy and labor.

### Clinic of Dr. V. D. Lespinasse.

**Sterility**—Methods of determining the cause of sterility in male and female; technic of uterine insemination; treatment of sterility in both sexes.

### Clinic of Dr. Albert J. Ochsner.

**Umbilical Hernia**—A patient presenting cervical polyps and an incarcerated umbilical hernia; removal of polyps with cautery; technic of the Mayo operation for umbilical hernia—exact method of inserting sutures.

### Clinic of Dr. Carl Beck.

**Extensive Osteomyelitis With Necrosis of the Tibia; Radical Operation**—A patient with neglected osteomyelitis of the tibia; technic employed in the manage-

ment of cases of this type; after-treatment.

### Clinic of Dr. Carl Beck.

**Webbed Fingers**—Technic of operation for syndactylism; the simplest procedure; tubulization of the web at the base; when applicable; marked scar tissue formation, as in present case, a contraindication; transplantation of skin from chest.

### Clinic of Dr. Gatewood.

**Duodenal Ulcer**—Difficulties occasionally encountered in differentiating acute cholecystitis, perforated duodenal ulcer, and acute pancreatitis; the surgical treatment of ulcer; importance of the after-care; outline of the post-operative management of ulcer cases. W. H.

**The Medical Treatment of Cancer.** By L. Duncan Bulkley, A. M., M. D., F. A. Davis Co., publishers, Philadelphia. Price, \$2.75 net.

Cancer is still a pressing problem. According to the latest report of the mortality tables of the United States, the death rate has continued to rise steadily and lamentably, in spite of assiduous and faithful work in the laboratories and arduous and intelligent efforts of skilled surgeons, who have also made a strenuous propagandism in regard to the necessity of early and complete extirpation.

Most of the material in this third volume on "The Medical Treatment of Cancer" has been delivered before different medical societies in a number of the states in the Union, and much of it has already appeared in various medical journals.

Cancer is not a surgical disease, although of late years cases of this nature have been almost always relegated to the surgeon. It is true that the local results of the cancerous process can be removed by surgical measures, and that the wound may heal primarily, and that in some proportion of instances the tissues may remain sound. But the experience of all has shown that the mere removal of all cancerous tumor and ad-

joining tissues surgically does not insure that the disease will not return in or near the scar, or elsewhere. It is now recognized and acknowledged that somewhere about 90 per cent of those once affected with cancer die from that malady. Surgery as a cure for cancer has been tried in the balance and found wanting, since under its supervision and treatment the death rate has increased to a lamentable degree of late years.

According to the United States mortality reports, the deaths from cancer under surgical control have increased steadily and alarmingly since 1900, when they were 63 per 100,000 of the population, to 79.4 per 100,000 in 1914, or over 25 per cent. During the same period the mortality from tuberculosis, under intelligent medical supervision, has diminished from 201.9 to 146.8 per 100,000, or over 27 per cent, making an actual difference of over 50 per cent in their relative mortality since 1900. At this rate, the deaths from cancer will outstrip those of tuberculosis in fourteen years more. Is it not time for us to seriously consider whether the present attitude toward cancer is correct or not?

The author says that:

Clinically and experimentally, cancer is shown to be not contagious or infectious; although, under just the right conditions, certain malignant new growths can be inoculated in some animals, but human cancer cannot be transplanted.

Although micro-organisms of many kinds have often been found and claimed as the cause of cancer, there has been no concurrence of opinion in regard to them, and it is now pretty conclusively agreed that cancer is not caused by a micro-organism or parasite.

This increase of cancer seems to depend largely upon the altered conditions of life, particularly along the lines of self-indulgence in eating and drinking, and in indolence.

Statistics from many countries show that increase in the consumption of meat, coffee and alcoholic beverages appears to be co-incidental with a very great and proportionately greater augmentation of the mortality from cancer.

Clinical observation has time and again shown the effect of specific nerve strain and shock in the development of cancer; and there seems to be little question but that the enormous nerve strain of modern life is an element of importance in this direction, both through metabolic disturbance and by direct action on living cells.

The medical aspects of cancer thus appear in quite a different light from that in which they have been commonly viewed. We now begin to see some of the reasons why cancer is not primarily a surgical disease, and some of the lines along which observation and investigation should proceed, namely, biochemistry, secretory and excretory derangements, metabolic disturbances, diet, etc., etc.

Literature is full of allusions to the subject, without any attempt to fully discuss it, and many of the strongest surgeons have expressed themselves convinced of the constitutional, and largely dietary, origin of the local lesion which we call cancer. This view finds abundant support in the writings of Lambe, Abernethy, Willard Parker, Sir Astley Cooper, Sir James Paget, Sir Arbuthnot Lane, and quite recently has been advanced by Dr. William J. Mayo and many others. Is it not, therefore, high time that serious attention be directed away from the purely surgical treatment of a symptom or result of a great disease, and that careful inquiry should be made into the underlying causes which ultimately result in such a great relative mortality, approaching 90 per cent of all those affected, exceeding that of any other one disease?

It is not claimed that the goal has been reached, or that the details of this line of treatment are complete. Laboratory and clinical study on the blood plasma, as well as on the secretions and excretions, will undoubtedly elaborate more perfectly the best plan of dietary and other treatment, and as other observers follow this plan of treatment, there will doubtless be found a gradual reduction in the mortality of cancer, greater even than has occurred in New York city during 1918. It is surely to

be hoped that as "The Real Cancer Problem" is fully solved, there will be under proper constitutional treatment the same lowering of mortality that has occurred in tuberculosis under wise medical treatment. And, as correct views of living prevail, the morbidity of cancer will decrease with its mortality.

There are important chapters relating to Dietetic Treatment, Medical Treatment, Pathology of Cancer, Precancerous Conditions, Cancer and Civilization, Cancer in General Practice and others.

S. E. E.

**Progressive Medicine.** By Hobart Amory Hare, M. D., with the assistance of Leighton F. Appleton, M. D. Volume III, September, 1919. Illustrated. Lea & Febiger, Philadelphia and New York. Price, \$6.00 per annum.

All numbers of *Progressive Medicine* are valuable; in this one the contents are:

Diseases of the Thorax and its Viscera, including the Heart, Lungs and Blood Vessels, by William Ewart, M. D., F. R. C. P.

Dermatology and Syphilis, by William S. Gotthell, M. D.

Obstetrics, by Edward P. Davis, M. D. Diseases of the Nervous System, by William G. Spiller, M. D.

Ewart devotes many pages to the conditions of the lungs. The food question in asthma is also discussed.

Gotthell says in abstract:

"When it comes to late syphilis or to syphilis that is evidenced only by the blood or by tertiary signs, the sooner the army gets rid of him the better. He is dangerous to no one but himself; he can infect no one; if he procreates his children will probably be healthy. He is not a danger to the community, and it is an abuse of authority to keep him under control either of the army or health authorities. His case is no different from that of any other infected person, and luckily our public health personnel, anxious as they are to increase their control and enlarge their bureaus, have not yet attempted to take all syphilis under their wing.

The gist of the whole matter is simply this:

1. There is no danger of a syphilis epidemic from our returned soldiers; there is danger of an epidemic of syphilophobia among those who have stayed at home, with lamentable consequences.

2. While immediate treatment and possibly some retention in service is required in early contagious cases, the former should be as vigorous and the latter as short as possible. The soldier should be allowed to resume his civil relationships as soon as possible, and should not be penalized in comparison with a civilian who contracts the disease.

3. Common sense and a due balance of the possibilities and necessities of each case are required. Syphilis is a dangerous disease in many cases, it is true, and its spread should be controlled when possible."

On the subject of "Obstetrics," Davis speaks of the influence of pregnancy on the development of cancer. Bainbridge, in the *American Journal of Obstetrics*, reports two cases, one of carcinoma originating in the breast, and the other of sarcoma of the tissues around the orbit. In each the malignant growth was greatly hastened by the occurrence of pregnancy. The writer reviews the literature of the subject and concluded that pregnancy increased the rapidity of the growth of coexistent spontaneous cancer. In some cases it seems as if the malignant growth were retarded during pregnancy, but significance should not be attached to this, because, after delivery, the growth increases with great rapidity. If the cancer can be removed, the pregnancy should be terminated without regard to the interests of the child. Even in advanced disease, when the mother cannot be cured, pregnancy should be terminated—to mitigate her suffering and prolong her life.

He also speaks of influenza in obstetric patients. Farrar, in the *American Journal of Obstetrics*, reviews the literature of influenza and found a description of influenza affecting parturient women in the works of Hippocrates. He

states that pregnant women attacked with influenza had, in many instances, hard labors, and after labor they became worse and many died. Many pregnant women attacked by influenza had aborted or premature labor. In the earlier months abortion is especially liable to occur, and every third or fourth case of pregnancy attacked by influenza ended in this way.

Kosmak found that influenza produced different results, attacking in different classes of parturient women. When patients had previously been in good health and well nourished, the course of the influenza was practically the same as that in the non-pregnant.

As regards prophylaxis, the writer believes that inoculation was not necessary nor desirable; it was thought more important to advise pregnant women to avoid crowds, isolate themselves immediately if cough and nasal discharge appeared, to wear face masks if there were any other cases in the family, and to keep the mouth as clean as possible by frequent rinsing with a mild antiseptic solution.

Pregnant women were more often affected than those who were not pregnant. In treatment, the general principles should be carried out—to treat the influenza and let pregnancy take care of itself.

Induction of labor should not be resorted to unless some other cause other than the presence of influenza had developed.

Spiller, on Diseases of the Nervous System, speaks of Argyll-Robertson pupil causes, saying: "The occurrence of reflex rigidity of the pupil in conditions not syphilitic has been the subject of discussion for many years. The sign is an important one, and when it is observed without other signs of disease, it means much to say that it points unmistakably to syphilis, and that the individual is likely to develop either tabes or paresis. It, therefore, behooves us to acquire all the facts possible before we assume so radical a position, especially as it is known that there are those to

whom a reflex rigidity of the pupil invariably means syphilis.

Bumke has stated his conviction after the examination of several thousand pupils that a reflex rigidity of the pupil never occurs except in tabes, paresis or some form of syphilis, and has asserted that no case can be found in the literature in which this phenomenon existed and syphilis could be excluded.

Spiller, in speaking of the Spinal Reflex, says: "This curious and hitherto unknown reflex is described by Galand. He made the discovery in examining a very young baby, who was lying with its abdomen on Galant's left hand. Stroking with the handle of the percussion hammer along the baby's back close to the spinal column, the baby's back contracted forcibly and suddenly, bending toward the side stroked with so much power that the child nearly glided from the supporting hand. Further investigations showed that the older the baby examined, the weaker was this reflex, and it could not be obtained in a baby seven months old.

There are many other interesting chapters and many good illustrations found in this volume worthy of reading.  
S. E. E.

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**The Pituitary.** By W. Blair Bell. Illustrated. William Wood & Co., New York. Price, \$7.50.

In this monograph an attempt has been made to describe and discuss within a reasonable compass their present knowledge with regard to the pituitary body, in the belief that a more or less complete summary of the subject is needed by the clinician, if not by the morphologist and physiologist, owing to the commanding position this organ now occupies in medicine, surgery and gynecology, as well as in the other specialties.

Bell discusses the following subjects:

The Morphology of the Pituitary.

The Physiology of the Pituitary.

Disorders Associated With the Pituitary and Their Treatment.

The Therapeutical Uses of Pituitary Extracts.

Descriptions of the pituitary are to be found in various monographs, such as those of Thaon, Fischer and Cushing, and in the works on the internal secretions of Biedl, Vincent and others; but in one aspect or another these accounts appear to lack the completeness, manner of presentation or point of view that is required by the general reader, however well they fulfill special requirements.

The experimental work commenced in 1906 was primarily undertaken in order to elucidate the relationship of the pituitary to the female genital functions, and to determine the physiological and therapeutical importance of extracts made from this organ; but they were led in their investigations further afield, for it was difficult to study comprehensively such special aspects as those mentioned without first obtaining an intimate knowledge of the morphology, and, so far as possible, of the pathology of the organ in question. Thus it came about that a considerable amount of material and information was collected from the work of others, and also as a result of their own observations. Their researches have been concerned with the histological anatomy from developmental, physiological actions of the extracts, the interrelationships between the pituitary and other organs of internal secretion, the effects of partial and complete removals, the results of experimentally produced infections, the general pathology and with the therapeutical uses of extracts of the pituitary. It is the information and material so obtained that form the subject matter of this volume.

W. K. H.

#### NEEDS OF THE COLLEGES.

The colleges have never been needed more than they are today, nor have their own needs been greater. It is education that must rescue the world from the plight into which it has fallen. If education is perverted, or if it is confined to a few, or if it is hampered by lack of public support, the conditions of life will grow worse. The war has increased the need for highly trained minds at the

same time that it has gravely diminished the supply. The young university men of England, France and Italy are pitifully few. Europe is left not only impoverished and desolated, but depleted of its intellectual capital—the capital that is more precious to civilization than any other form of wealth.

It is necessary, therefore, that American institutions of learning should enormously increase their output. Europe looks to America for help, not only in restoring its material losses, but also in recruiting its mental and moral strength. American universities, not English, or French, or Italian, and certainly not German or Austrian, will be the most important centers of higher learning. They will be the most powerful agencies for maintaining and conserving and improving civilization.

But they can carry on the work required of them only if they receive unstinted support from the public. The approval of the public is not enough; the public must open its purse. The college teacher has always been poorly paid. He has never been worse paid than in this time, when the best that he has to give is most urgently needed. His salary has not been increased; his family is keenly aware of the shrunken value of the dollar. College teachers can not be inspiring or even efficient if they are always occupied with cost-of-living problems. The colleges must be provided with funds so ample that they can pay proper salaries to their teachers and prosecute without handicap their vitally important work.—Youth's Companion.

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Sympathetic Old Lady (to convict)—Ah, my unfortunate friend, your fate is indeed a hard one; and, as your wife thinks of you here in this dreadful place, how she must suffer!

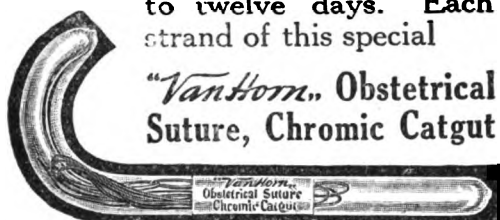
Convict (very much affected)—Yes'm, and there are two of 'em, mum. I'm here for bigamy.—Tit-Bits.

---

Editor—Er, Smith, I want you to order a ton or so of new type—Z's and Y's and X's. They are starting another war in Russia.—London Opinion.

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## ORIGINAL COMMUNICATIONS

### "NEUROTIC" HEART—AND SO-CALLED "SOLDIER'S HEART."

By Tom A. Williams, M. D., Washington, D. C.

What was formerly known as Cardiac Neurasthenia is now called in the British Service, D. A. H., "Soldiers' Heart," an utterly opprobrious term for the condition to which that name has been given, is not peculiar to soldiers at all. As a matter of fact it has nothing to do with neuroticism either. It is simply the effect upon the myocardium of toxins usually induced by infections. Thus a great many cases have occurred after trench fever. Others, however, have occurred through the overstrain to which the myocardium of a sedentary worker has been subjected by the long marches and continued standing of the military training. These men are of course unsuitable for work in the trenches, where so much standing is necessary. The toxi-infectious cases, on the contrary, may recover completely.

It must not be forgotten, however, that a weakened myocardium causes no immunity from neurological disturbances. Quite the contrary. Conse-

quently, many men in whom the primitive defect is cardiac have been treated as "neurasthenics" with all the connotations of this unfortunate term; that is to say, the treatment to which they were subjected was addressed largely to their psyche. The physician tried to push them to exertions extremely detrimental to their heart; he pooh-poohed their objective symptoms, which in these cases have a physical basis, and the condition of the men was thus aggravated.

As a matter of fact, a myocardial insufficiency in some individuals tends to produce mental or affective inadequacy, with a great deal of moral suffering because of the patient's realization of this. In some patients this takes the form of a simple depression, while in others the predominate feature is anxiety. In both cases there is a tendency towards morbid interpretations of the unusual feelings. In the former this is more apt to be self-depreciatory

or even accusatory. In the anxious or agitated cases, obsessions are more apt to dominate.

The treatment of these cases, while it should by no means neglect the mental condition of the patient, should not emphasize the psycho-therapeutic element, which should consist simply of assurance, encouragement and a quiet but not exhaustive explanation of the incommoding depressions or anxieties. The main feature of the treatment must be physical, and its sheet-anchor is adequate rest, throwing the minimum of the burden upon the heart and circulation, by imposing the recumbent position, changing the decubitus at intervals, giving deep but gentle and slow massage for short periods, which is a most valuable measure for aiding the vis a tergo of the circulation. Mild hydrotherapy applied in bed is another valuable aid, by virtue of its action as a tonifier of the tissues, conspicuously exhibited by the circulatory reactions shown clinically. Some physicians believe that they quickly ameliorate these patients by means of a rapidly alternating electric current. I regret that I am unable to give an opinion regarding this.

Molar rest, however, is not the only necessity, and the passive placing of the patient in bed does not insure the securing of the still more valuable molecular rest. For instance, if the patient is surrounded by others who are actively suffering, if the moral atmosphere of the ward is one of fretfulness, haste or scurry or if the management of the hospital is one where the martial-like rigidity interferes with the sympathetic relation of the doctor and nurses to the patient we are neglecting most valuable therapeutic measures; for nothing is more calculated to disturb tranquility than unpleasant psychological stimuli, and when these are continuous they may have a most pernicious effect even when relatively slight. Thus, an irregularity, in the setting out of a table creases in a sheet or bed-cover, even the absence of extreme cleanliness, are far less detrimental to the patient than a

fussiness in the state of mind of the nurses seeking to avoid them.

**Emotional Heart**—Quite a different type of cardiac disturbances in the soldiery is that where tachycardia dominates. There are perhaps two different types of this—the one that has been most studied is that accompanied by marked emotivity. Such a combination leads one to think immediately of an over-activity of the thyroid gland, but the Neurologists with whom I have conversed on this subject, declare that hyperthyroidism is not present even in its forme fruste. It is, however, on account of the absence of tremor exophthalmos and enlargement of the gland, that the diagnosis of these cases has been rejected. In America, however, some of us are accustomed to predicate thyroid hyper-activity in the absence of tremor exophthalmos, and every clinician knows the difficulty he has to affirm the absence of the enlargement of the thyroid gland until it has been cut down upon and completely inspected or felt. In one of the cases, however, of my article on "Endocrine Neurasthenia" (1) the diagnosis of hyperthyroidism was refused by an eminent attending physician, although it was in reality beyond question, and later affirmed, not only by two surgeons, one of whom is the most distinguished in America with reference to the question of the thyroid gland, but it was also corroborated by the results of the treatment.

Now in this particular patient, the most incommoding symptom was an occasional myocardial inadequacy which manifested itself after exertion, accompanied not only by some tachycardia, but by pain. The emotivity in this case was not exaggerated. This case is cited as one of many instances which illustrate the fact that the diagnosis of such cases is not yet habitually made even by physicians who are among the most accomplished in other matters.

The question therefore arises whether or not this type of emotivity with tachycardia is not indeed hyperthyroid, in spite of the opinion to the contrary of

French psychiatrists, for the observers for the most part are those who pay less attention to somatic functionings even when these have to do with vegetative neurones, than they do to the modifications referable to the cerebro-spinal nervous system, and who pay particular attention to the disturbances of the psyche.

The other type of case exhibits a tachycardia which may be extreme without exaltation of the emotivity. Whether this type is of a different pathogenesis is not clear, but it is explicable upon the hypothesis that it is a form taken in persons of sluggish emotivity in the presence of the same pathogen which in the cases above spoken of show emotionalism.

It is to be hoped that the opportunity given by the war for an intensive study of these conditions will not be neglected. It must not be forgotten that in the study of this problem the importance of psychiatric assistance must be kept in mind, for otherwise the problem will be needlessly complicated by the introduction into the study of a type having an entirely different pathogenesis. I refer to the pseudoneurasthenic, in whom the symptoms are not only subjective, but are based upon his own misapprehension regarding the functioning of his organs. He is a person in whom whatever emotivity may be present, is self-induced through perverted reflections upon his own imaginings, even although this may be based upon the indiscreet utterances of medical men in his presence. This individual is a nosomaniacal hysteric, and must be treated purely psychotherapeutically. To neurologists of this generation at least, these cases no longer present an insoluble problem, for they have at their command all that is necessary for a thorough diagnosis and successful treatment. (2) When the proper psychiatric assistance is taken advantage of in a medical clinic, these persons need no longer encumber the services. Indeed, such illnesses would be almost entirely prevented if attending physicians had the necessary psycho-pathological knowledge, or would avail them-

selves sufficiently early of neurological consultations.

It is unfortunate that in the otherwise excellent book of Déjérine, his exposition of the mechanism of these cases has been clouded by the attribution of an excessive rôle to emotion. As a matter of fact, the emotivity of these patients is often false, and even when true, is dependent upon their faulty notions. (3) It is a secondary phenomenon, and it is therefore futile to deal with it directly, for it disappears immediately upon correction of these faulty notions. The patients are not neurasthenics at all, but hystericals, in the sense that their symptoms are induced psycho-genetically, whereas if we are to retain the word "Neurasthenia" at all, it should be applied only to patients in whom the symptoms are physical in source.

It must not be forgotten, however, that a purely emotional state can be induced by an idea with reference to a situation by means of the mechanism so simply and beautifully illustrated in animals, by the experiments of Pavlov; but this is not a state of emotivity. It is an emotive reaction to a particular stimulus, and only exists while the stimulus is acting. In human beings, however, such a stimulus may, under exceptional emotional conditions, be maintained in activity almost continuously for a time. Such conditions are found during bereavement, in impending financial ruin, during apprehension regarding the success of a complex undertaking, in gambling, in the anxiety concerning the behavior of someone beloved, such as a son or daughter, or during courtship, in the anticipation of danger in a perilous undertaking. To all of these well-known states an emotional reaction occurs in individuals whom we call "highly-strung." But the reaction does not take place in people who are called "phlegmatic" or "cold-blooded." The reaction may either consist of what is called "being on edge" which may not be detrimental for a time, and may indeed increase the rapidity and efficiency of response to the difficult situation.

It may on the contrary, lead to a

volitional stammer or intellectual stumbling, to use a metaphor, that is to say, the subject finds that his thought process does not proceed in its habitually orderly fashion, but tends to lapses, and even to incoherence. When movements have to be made, this fact is still more conspicuous, the most familiar illustration of which is the phenomenon known as "stage fright", the physical reactions of which need not be dealt with, as they are also familiar. But that they vary in different individuals must be kept in mind. In one, trembling will predominate, in another the hair will stand on end, in another some secretions will become more abundant, in another they may dry up; in some even the sphincter relaxes. In all there is a certain functional incapacity which in a few instances may reach the stage of fear—paralysis, as in the case of the bird before the menacing snake, which has passed into the current expression of standing "rooted to the spot", or "You could have knocked me down with a feather". In other patients, however, the reaction differs, and a profound apathy is the dominant feature. This is particularly the case after a dreaded event has befallen, especially bereavement, ruin or abandonment. Whether this type of emotive reaction is the antithesis of the former, biologically speaking, or whether it is merely a manifestation of fear—paralysis in the extreme,

we do not know. We do know, however, that the patient can be shaken from the depression by psychological means which consist of introducing into his mind an idea which will induce a counter availing affective state. The same is true of the more active emotive reactions first considered, where an abrupt stimulus capable of turning thought into another direction will immediately arrest the disturbing emotion by substituting another affective state.

A portion of a report made to the Surgeon General in 1917 while the writer was in France as neurological adviser to the American Red Cross.

I have purposely refrained in this connection from a citation of the now well-known theories of Dr. George Crille, for they are not pertinent to the material of the present discussion, which has not to do with the physiological reactions of these emotions, but the role played in their induction by the psyche. The real point in view is the differentiation between the different types, of which the management must differ so materially if the physician desires a successful issue.

The subject is still further discussed in a forthcoming book, "Disorders of the Nervous System in Warfare."

1. Medical Record 1916.
2. Management of Hysteria, J. A. M. A. 1912. Genuine Psychothrpis. Ill. Med. J. 1914, and other writings of the author.
3. See Emotion in Warfare, N. Y. Med. Jour., Sept. 1919.

#### REPORT OF A CASE OF MULTIPLE ENCEPHALOMALACIA WITH PATHOLOGICAL DEMONSTRATIONS.\*

Max A. Bahr, M. D., Clinical Psychiatrist, Central Indiana Hospital for Insane, Indianapolis.

This case is of interest because of the rarity of multiple encephalomalacic foci in the brain and the interesting clinical observation of the case which correlated with the disturbances of function of certain known areas involved. Particularly is this true in the later involvement of the lenticular nuclei, especially the right, in consequence of which, the patient, for several months prior to his death, manifested marked muscular weakness,

spasticity, a condition of very marked loss of muscular control, and uncontrollable weeping, clearly indicating that this ganglion was implicated in the lesion. These clinical features very much simulated a case of Wilson's disease, or progressive lenticular degeneration. This diagnosis was, however, excluded by the absence of many classical symptoms of Wilson's disease and by the difference in the development and course of the malady.

The case also presented, from its ear-

\*Presented before Indianapolis Medical Society Nov. 4, 1919.

liest development, very marked cerebellar ataxic symptoms, the patient being unable to stand alone on either foot. There was a reeling gait, and for several months prior to death an inability to stand at all, by reason of the incoordination which was out of all proportion to the muscular weakness. When confined to bed for this reason he still manifested fairly good strength, as when he was asked to raise any member of his body against resistance. This symptom is in part accounted for in our pathological picture by an area of hemorrhage and softening in the left superior cerebellar peduncle in the region of the dentate nucleus, an area of softening in the cerebellar cortex and degenerative changes which are noted in the cells of Purkinje.

The case also demonstrates that the basal region shows a more marked degree of softening by reason of the fact that the arterial supply of this region is deficient in collateral circulation, as these vessels represent so-called endarteries, while on the other hand, the cortex shows but slight softening because the cortical arteries have manifold anastomoses and consequently there is a better blood-supply than in the large ganglia and the centrum ovale.

The case was one of nonspecific endarteritis with marked arterio-sclerosis and a bilateral thrombotic occlusion of branches of the lenticulostriate arteries and one of the smaller arteries of the left superior cerebellar peduncle, followed by hemorrhagic foci and consequent softening.

The lesions were of slow formation. No sudden so-called apoplectic stroke with loss of consciousness was present, and the paralysis or rather paresis which occurred was not accompanied by a period of unconsciousness.

The symptoms presented were of varied and irregular character, depending upon the sizes and sites of the affected areas. They were at first, of mild character, increasing in severity as the areas increased in number. They indicated disruption of the associative and commissural fibres of the paths of communi-

cation which tend to preserve the solidarity and integrity of the mind.

The pathological specimens present the following:

1. On the right side a large lesion in the genu of the internal capsule involving the lenticular nucleus, some portions of the caudate and small portions of the optic thalamus. The upper portion of the hemorrhage measures three and one-half by one and one-half cm. and the deeper portions three by two cm.

2. On the left side a small area of softening in the optic thalamus and lenticular nucleus about three mm. in diameter at the edge of the internal capsule.

3. Left superior cerebellar peduncle in the region of the dentate nucleus, hemorrhage and small area of softening about three by three mm. in diameter.

4. Right cerebellar cortex, area of softening two mm. in diameter.

5. Secondary to this, partial degeneration of myelin sheaths of fibres in both cerebral peduncles, internal capsules, anterior pyramids of the medulla, crossed pyramidal tracts of the cord and partial degeneration in mixed lateral tracts, will be noted in the microscopic sections.

6. Partial degeneration of the cells of the dentate nucleus and degeneration of some of the Purkinje cells of both right and left cerebellar cortex.

The following is the clinical report of the case:

The father of the patient was an alcoholic. Mother died suddenly and diagnosis given was cerebral hemorrhage. Two sisters dead, cause unknown. One brother died of tuberculosis. Patient has three children living and reported in good health. During childhood the patient had measles and scarlatina but otherwise no illness reported.

Attended school until he was eighteen years of age and reported an average pupil but was somewhat irregular in attendance. Drayman by occupation. Later in life had typhoid fever. At the age of fifty-two had a slight stroke while attending a theatre but did not lose consciousness. Paralysis was not complete

and he was able to assist himself to his home. At this time the weakness was on the left side of the body. He had three subsequent strokes of similar character within the following year. Patient had been an alcoholic for a number of years prior to this time. He had been married four times. No history of syphilis and patient gave a negative Wassermann reaction of blood and spinal fluid."

He was admitted to the Central Hospital December 23, 1916, at the age of fifty-seven. Six months prior to this time he began to show mental changes. He found it impossible to take care of himself, and manifested a tendency to become abnormally boastful. He stated that he wished to kill three people. This was followed by a period of depression and patient would have crying spells. He became untidy and presented gradual and progressive mental apathy, listlessness and lethargy.

Examination at time of admission to Hospital:

Weight 200 lbs., height 5 ft. 8 in. Apathetic and indifferent expression. Marked arcus senilis both eyes. Pupils were very sluggish in reaction to light and accommodation. Motion of eyes unimpaired. Field of vision and ophthalmoscopic examination somewhat unsatisfactory. Absence of teeth, tongue thickly coated, tonsils slightly enlarged. Patient protrudes his tongue normally but slowly. Thorax negative. First sound of heart somewhat roughened but has not the character of a murmur. Second sound clear and distinct. Excessive intraabdominal fat. Stomach negative. Marked arterio-sclerosis, tension quite marked and pulse full. Rate 78. No enlargement of thyroid. Patient presented evidence of nephritis and urine contained 2 per cent albumen with numerous granular casts.

Neurological examination as follows:

On walking the patient exhibited a reeling gait, with small steps and there was observed a slight rotation of the left foot. Station was good with eyes open and closed. There was a slight tremor of the eyelids on forced closure.

The patient showed some unsteadiness in rising and in turning suddenly and was unable to stand alone on either foot. In walking with the eyes closed the parietic condition of the left foot became somewhat more pronounced and the steps smaller and more uncertain.

The patient wrinkled the brows equally well and there was no ptosis. During the paroxysms of spasmodic weeping, the right side of the face appeared less wrinkled than the left. The right pupil measured 2.5 mm. The left 1.5 mm. Both were central and slightly irregular in outline. Reacted to light and accommodation. The extra-ocular movements were unimpaired and there was apparently no contracture of the field of vision. The left naso-labial fold did not appear to be as deep as the right. There was slight evidence of old contracture of the left face, especially noticeable about the outer canthus of the left eye. Voluntary movement of the right lower face decidedly better than the left. The tongue was protruded straight in the medial line, exhibiting a decided coarse tremor but no atrophy.

No aphasia or paraphasia was noted. On the repetition of the test phrases the speech was thick, heavy, and bulbar in type, but there was no evidence of faulty fixation, omission and duplication of syllables, or slurring elision. There was drooling of saliva from the mouth.

During the examination there occurred frequent paroxysms of spasmodic weeping, which when occurring individually were from fifteen to eighteen seconds in duration, but when occurring in series were as brief as five seconds. The grips were poor but somewhat stronger on the right than on the left side. There was a coarse irregular tremor of the hands on extension. There was a slight coarse tremor in the finger to finger and finger to nose tests which was exaggerated when the eyes were closed; and was more apparent on the right side than on the left side. During the paroxysms there frequently occurred a well marked tremor of the right hand when at rest. There was awkwardness in rapid pronation and supination in

both hands but more marked on the left side.

Approximation of finger to thumb was more accurately performed by the right hand. The left biceps, triceps and wrist jerks were more active on the left side. Stereognostic perception was unimpaired. Against resistance there was little determinable difference in motor power in the two limbs. The left knee and Achilles jerks were exaggerated, more on the left side. There was no ankle clonus or patellar clonus. There were positive Babinski, and Oppenheim and Chaddock signs on the left side. On the right side planter irritation caused planter flexion.

The patient felt light touch and pin-point equally well over the body. Localized correctly and differentiated head and point of pin, heat and cold. Senses of motion, position, and bone conductivity were unimpaired. The corneal, pharyngeal, umbilical and cremasteric reflexes were present. Orbital and testicular pain was present on pressure. During the paroxysms of spasmodic weeping the pulse could not be detected at the wrist. No subjective sensory disturbances elicited.

About six months prior to patient's death it became necessary to confine him to bed the greater part of the time, because it was impossible for him to walk without support. During this time he presented frequent spasmodic outbreaks of crying without tears. Muscular weakness became markedly more noted on the left side than on the right. Faint tremors of the tongue were noted. Co-ordination disturbances became decided and it was impossible for the patient to stand on his feet without support. During this time the patient became more and more apathetic but retentive memory was still quite good. Would readily carry out commanded movements as when asked to protrude his tongue or raise his hand. Tearless weeping became more and more frequent. This generally lasted for several moments and the patient found it impossible to control it by muscular efforts of his facial musculature and could only do

so after the muscles became completely exhausted by placing his hand over his mouth. Later became entirely motor aphasic and it became impossible for him to give a verbal response but he would designate his desires by signs and gestures.

A few days prior to his death he developed a hypostatic pneumonia and died January 9th, 1918.

Points to be considered in the summary of the case:

1. Hereditary tendency to arterial disease as mother died during middle life from cerebral hemorrhage and father was a chronic alcoholic.

2. Patient an alcoholic for a number of years.

3. History of syphilis negative.

4. Early evidence of arterio-sclerosis as manifested by marked bilateral arcus senilis at the age of fifty and nephritis which was arterio-sclerotic in character at the age of fifty-two.

5. At the age of fifty-two patient had four distinct slight strokes without loss of consciousness.

6. Early symptoms of spasticity and rigidity with marked inco-ordination which resulted in a state of complete helplessness.

7. General muscular weakness with loss of muscular control, but not complete paralysis. Intrinsic muscular asthenia with incapability of sustained effort.

8. Tremors of an intentional type were early manifestations.

9. Sensory symptoms as compared with motor symptoms were minimal.

10. Bilateral increase of all deep reflexes which were greatly exaggerated on the left side. Babinski on the left side, and consequently also lesion or lesions of greater intensity in the right pyramidal tract.

11. Mental symptoms of listlessness, lethargy, emotional instability and stupidity out of proportion to changes found in the frontal cortex. This was significant of a disturbance of the functions of the optic thalami. Apprehension and memory reproduction good until the end stage of the disease.

## A TRAUMATIC NEUROSIS IN A CASE OF SYPHILIS—CASE REPORT.

By James A. Wynn, M. D., Indianapolis.

A case studied at the Robert W. Long Hospital, Indianapolis, would seem worthy of report, for it illustrates well how the existence of a traumatic neurosis may be masked by the symptoms of other existing disease.

Mr. X, age 27, a traveling man, was admitted to the hospital Aug. 28, 1919, complaining of inability to walk steadily or to perform movements requiring any refinement of co-ordination whatever. He had also coarse tremor of the hands, head, and legs, and some tendency to slurring of speech.

The family history was irrelevant, aside from the fact that all his mother's people were very neurotic in tendency. The patient acknowledged the usual childhood diseases, with uneventful recoveries, typhoid fever of six months duration (with no sequelae) when 12 years old, and repeated attacks of tonsillitis between 1912 and 1915. Cardiorespiratory and alimentary phases of the history were negative, but the patient admitted a very nervous temperament. In 1910 he had a Neisserian infection, the discharge lasting about two weeks but recurring at intervals since. He had soft chancres during 1910, 1911 and 1912, and a hard chancre in 1915, the blood Wassermann becoming positive in about three weeks. He admitted periodic sprees during the last eight or nine years and a debauch of six weeks duration the last of May and June of this year, during which he averaged ten glasses of whiskey a day.

The illness for which he came to the hospital dated from an injury received December 10, 1917. On this date his horse fell with him at an army camp where he was in training. His left leg and side were injured, but though stunned for a time, he was able to walk the two miles back to camp headquarters, after which he collapsed, completely exhausted. For three or four days after, he was able to limp about camp, but then a coarse general tremor

developed which incapacitated him for any exercise. After some time in a camp hospital he was transferred to a base hospital from which he was discharged two months later with the diagnosis of cerebrospinal syphilis. At this time he was very melancholic, introspective, and apprehensive, being a man of enough education to realize the significance and prognosis of nervous system syphilis. However, following nine months of rest at home the tremor, the weakness, and ataxia had so subsided that he was able to resume work. This he kept up till May of the present year, when he went on the alcoholic debauch previously referred to. All the nervous symptoms recurred and a Chicago hospital to which he went for study pronounced his case syphilis of the cerebrospinal meninges. On admission to the Long Hospital in August he was very despondent, fully convinced that his nervous trouble was incurable.

Physical examination at the time of his admission revealed nothing of special significance in chest or abdomen. There was well marked tremor of all the extremities, the head, and the tongue. This tremor was coarse, a little more marked on the left side of the body, and not intentional in character. The pupils were promptly reactive to light but accommodated sluggishly; and there was a definite von Graefe phenomenon. The two optic nerves were markedly reddened and all the veins and arteries swollen and tortuous—the typical picture of retrolubar neuritis. Speech was tremulous and response to test phrases faulty. The hands and feet were cold and bathed in sweat. There was general hyperactivity of all but the pharyngeal reflex; while the Romberg was apparently positive and the patient reeled too much to walk even with a cane, the Babinski, Gordon, and Oppenheim phenomena were not present, the knee and Achilles jerks were intact, and the finger-to-nose and heel-to-knee ataxia tests were negative.



The urine had a specific gravity of 1014, was acid in reaction, with no sugar, a trace of albumen, and microscopically merely epithelial cells and cylindroids. The red blood count was 4,448,000; the leucocytes 8,200; the hemoglobin 85 per cent. Lumbar puncture was done three times, the fluid each time being clear, under no pressure, with no increase in globulins, and no appreciable pleocytosis. All three Wassermann's were negative and the colloidal gold curve was 0000000000.

In view of these data Dr. Neu expressed the opinion that the entire syndrome was a neurosis, amenable to psychotherapeutic measures. On the strength of this suggestion great pains were taken to acquaint the patient with our view of his case. Being a man of considerable intelligence, he was rather readily convinced from our laboratory and clinical data that he did not have nervous system syphilis. After a few days of rest in the hospital he was discharged, having first had it repeatedly impressed on

his mind (1) that he had no neurosyphilis, (2) that with faithful treatment his visceral syphilis could be controlled, (3) that he should live hygienically and center his mind on his work rather than himself.

According to word from his relatives, the nervous symptoms had almost entirely disappeared within two weeks; and ten days ago, while in the city on a business trip, he visited the hospital, to all appearances a normal man with no impairment of gait, speech, or ability to do his work.

The conclusion is obvious: The existence of a four plus Wassermann should not blind us to the fact that an entirely independent nervous lesion can co-exist with syphilis. In this case, the faulty verdicts of two hospitals did real harm in focusing the patient's attention on a wrong conception of his condition, and the cure of his neurosis was impeded by his well established belief that he had incipient taboparesis.

# ART.

By Ralcy Husted Bell, M. D., New York, N. Y.

Why all the moonshine about Art? Is the subject beyond common sense? Can it be created otherwise than "philosophically"? Many other questions jump from the lips or straggle from the pen when Art is discussed.

Certain topics seem to make us self-conscious immediately we begin to talk or write—not when we think—about them. I wonder if Art is not the worst of the lot. Here is an odd phenomenon!

A sensible person of some intellectual training will write clearly on science, or some phase of it. Even a professor may hit off sparks on music, literature, or some other branch of Art; but who among men has ever said anything really worth while about Art? . . . Only a layman, occasionally—once in a while a lay-artist! and then only in ordinary, common conversation: the voice of the multitude!

Strip Art of its power to short circuit the philosopher, and we may learn some-

thing from the exceptional person that the great mass of mediocrity knows and knowing, feels no need of expressing. For there is nothing original to be said on the subject. No revelation of the nature of Art is possible to the mass-consciousness of humanity. In this direction there is no new world to discover and lay bare to the wondering mind. It has all been done many times; it will continue to be done at every vital moment in the strange history of human thought. It is done by everybody. It is only a matter of intensity and circumscription, or of limitations at a given moment. There can be no totality of the solution of Art any more than there can be a faultless definition of love or of beauty.

There are other reasons why learned discourse on Art must of necessity be mostly moonshine. Art is, among other things, an indefinite system of ideals forever swinging around a definite instinct.

The fixed principles of Art, whatever they are, control the ideals and, in a large way, give coherent order to the system. But the system is forever changing: relationships pass away and return; the old gives way to the new and the new is replaced by the old; and both the new and the old are perpetually sustained by one another. For this reason our theories of Art undo each other; our conceptions are contradictory because they are limited in range and circumscribed in time; the system is too large for personal conception; no conclusion therefore is humanly possible to the individual, no matter how learned he may be.

The appraisals of Art issuing from democracy—that is to say, from the common mind of man in mass—are never absurd, never erratic. This is not true of the intellectual aristocracy. For it is among the exceptional thinkers—the philosophers and specialists—that we reap our harvests of glittering absurdities and shining extravaganzas. Intellectual democracy is stable—it keeps its equilibrium. Intellectual aristocracy easily loses its poise and it often bursts into a delirium of wild phantasy. If you have your doubts, read any half-dozen treatises on Art taken at random from a list of noted authorities of unquestionable intellectual powers. The frequent lapses of good sense will be as plain to the average reader as are the splendid peaks of thought.

This is only natural. The mass-mind works by instinct, rising through intuition. The exceptional mind reasons. The processes of reason are reliable, but the powers of reason may be shaky at times in the best of minds. The selective energies are often weak. Here lie real pitfalls, since reason works as well from error as from fact; and the result of good reasoning from poor premises is likely to be grotesque. (See any first-rate work on Theology.) Besides, most facts are alloyed with falsity. Reasoning from "facts" is dangerous. Going with instinct via intuition is the safest journey that the mind of man can take. It will arrive by that route, if at all.

Thus, although grotesque notions of Art hold sway over certain periods and classes, the mass-mind, in the long run, has ever been equal to the task of separating the true art from the false.

The truths of Art are not exposed by reason nor revealed by polemics. They are felt by intuition. Science may explain the physical means to artistic ends; it may determine the best technics; but its province surely, is not to pass judgment on the final shades of artistic effects—in a word: on artistic success, which is visual and spiritual.

Nobody of sense assumes that Art is a concrete material thing nor a definite physical fact. It is something nobler and, in a sense, more real than physics, itself. It is rather a spiritual point-of-view established by instinct and directed by intuition. The artist, a point of intensity in mass-consciousness, plays with his points-of-view until vision takes possession of his soul. His intuition suffers a spiritual conception. He wishes to communicate his vision to others. He does this through the purely physical means of color, form, mass, suggestion, or through sound, relationship, motion, and so on. He passes his vision on to others. This vision is Art; a spiritual function at play in physical media. Thus Art bears similar relations to physics that sight bears. To the artist's vision pigment, canvas, illusion, wood, stone, sound, pause, stress, etc., are lenses. Through these lenses his fellows may see as he sees.

From the immeasurably long series of successes that artists have achieved in passing on their visions to others of their kind have arisen the various canons or laws of Art. These canons mark the whole history of thought and they extend backward through unknown epochs. We catch glimpses of them among the Mediterranean peoples as much as 50,000 years ago. These canons were glorious during the best period of Greek art; they persist in the relations of numbers and rhythms and figures and notes; and they remain the dominant factor in present-day aesthetics. But the canons of Art, however carefully followed,

never, in themselves, were capable of producing Art. At best they are only landmarks to guide the vision of the artist. If, however, Art were a physical fact, then works of art could be produced with mechanical certainty and scientific precision merely by heeding its laws and following its technic through congenial media. The common run of man knows better than that.

The nature of Art is instinctive and intuitive vision. It probably developed through the spirit of play. I mean by this that man's first works were wholly utilitarian. Later, whilst making things for use, the spirit of play entered his work and he embellished it. The technic of one material became a motif in another. The thong holding a stone axe to the helve became a decoration of the bronze axe. The geometric pattern of a grass vessel became the motif in the design of an earthen pot. In a word, the instinctive spirit of play became the intuitive spirit of Art.

Art therefore properly begins where the utilitarian ends. When Art clings to the useful or persists in the utilitarian it is merely coincidental since it holds no indispensable pragmatic relations whatever. It has nothing to do with pleasure as pleasure, nor with pain as pain; it is not necessarily moral, useful, ugly nor beautiful. Only because intuitive vision is associated with our many other experiences do we confuse Art with pleasure, with beauty, with pain, with morality or with religion. And nobody has succeeded in identifying Art with any other human experience than that of spiritual vision which we sometimes call aesthetic intuition.

322 West 82d Street, New York City.

#### TECHNIQUE.

I knew a doctor who examined the wrong leg and sued for the bill and the defense lawyer brought him to grief by presenting him with the information. So the Pharmacal Advance tells a little story of similar trend, with technique good, but it was misappropriated as follows:

For nine months she had religiously

attended the ambulance class. And to-day there was something to try her skill on. A man had fallen down in the road and broken his leg. Joy of joys!

Scattering in all directions the crowd surrounding the sufferer, she flopped on her knees at his side. She snatched a walking stick from a man standing near and broke it into three pieces for a splint. She dragged a mackintosh from a woman's shoulder and cut it into strips for a bandage. When the poor chap on the pavement had been splinted and bandaged as well as she could do it, an ambulance was called and she took him to the hospital.

"This is beautifully done," said the doctor, as he unwound the bandages; "Who did it?"

Blushingly, she confessed to it.

"Splendidly done," said the doctor. "But you have made one little mistake. You've bandaged the wrong leg."

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#### REVENGE.

The doctor took one glance at his new patient. "You'll have to call in another physician," said he.

"Am I as sick as all that?" gasped the patient.

"No, but you're the lawyer who cross-examined me last March when I was called to give expert testimony in a certain case. Now, my conscience won't permit me to kill you, but I'm hanged if I want to cure you, so goodbye."—Pharmacal Advance.

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#### ABSENCE OF TOBACCO.

The young man who said that since he had quit the use of tobacco his days were dark and dreary as night, in effect was like the misery spoken of by the Pharmacal Advance:

A young man consulted a physician about "tobacco heart," which he thought he had contracted by excessive smoking. "Doctor," said he, "do you believe that the use of tobacco tends to shorten a man's days?" "Do I," exclaimed the doctor, "I know it does. I tried to stop once, and the days were ninety hours long."

# INDIANAPOLIS MEDICAL JOURNAL

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## EDITORIAL

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### RECKLESS EXTRACTION OF TEETH.

Focal infections are not always the cause of pathologic conditions of the body even though the teeth and gums may be seemingly bad or even when there may be evidence of pyorrhea. I have seen brilliant results after the oral cavity has been put in a good condition by removal of the teeth but it may be well to issue a warning concerning the promises we make to a patient. It may prevent a malpractice suit or worse. Many patients return after the greater portion of the teeth have been removed with little or no improvement of their general condition, and too, mastication is impaired and it becomes a question whether the malnutrition due to the absence of proper mastication and assimilation is worse than the condition before the removal of the teeth. An untoward effect on the nervous system is sometimes in evidence as a result of the change produced by the loss of teeth, and especially if there be no improvement in the condition for which the operation was done. It is true that in many instances a skilled dentist can improve the condition of the oral cavity after the removal of the teeth and yet some patients become so morbid that it is not permitted. It is not enough to say that the patient must stand the responsibility. Conservation is an important issue. We should be very cau-

tious in what we promise a patient for we have seen many disappointments. The most careful examination is required and the help of the X-ray is imperative and there may be shown good reasons for the removal of the teeth. Simply a transitory inspection of the mouth is not enough, it requires thoroughness, lest much trouble follow.

Then again there may be a diseased alveolar process of long standing and the dentist properly applies the remedy. It should have been done years before and yet to do the right thing at this late period does not mean that the patient will get well. There still remains a pathology—a diseased condition that may make some improvement, but not good health and in such a case a promise should be cautiously made. Young persons with a pathologic condition of the head, heart or joints in case of questionable gums, teeth and processes is not a case for hesitation, but I have seen chronic condition of the prostate, advanced nephritis, diabetes mellitus, confirmed chronic lesions of the heart valves where all the teeth had been removed to the detriment of the patient while careful thought on the part of the physician could have prevented ill results and especially was it noted that the original lesion was not better but often worse.

Let us look to the cardio-vascular system of old people. We know they are

prone to certain diseases from which recovery cannot take place and here caution is required in giving advice concerning the oral cavity. For a time, perhaps, and a very short one, with the misery of indigestion and malnutrition, there may be noticed some little improvement in some part of the body but arterio-sclerosis like the little poem about the river, it goes on forever or at least during life. After writing these thoughts I read a timely article of which the following is a brief abstract:

"W. C. Alvarez, San Francisco (Journal A. M. A., Oct. 18, 1919), protests against the reckless extraction of teeth in cases of arthritis and other diseases in which stress has been laid on the supposed dental infection as a cause. In many of these cases an experienced physician might have foretold the unsatisfactory outcome. The arthritis may plainly have been gouty or tuberculous, the headaches due to nephritis or advanced arteriosclerosis, and the pains in the shoulders due to degenerative processes in the aortic arch. Sometimes the author has been able to secure the roentgenograms that have been used and has been unable to find more than one or two roots, which, from years of experience, he would call infected. In some cases, downward projections of the antrum had been mistaken for abscesses, and in other cases it seemed to the author that the physician must have ordered their extraction because he believed it to be a panacea for most diseases. He thinks we have lost our heads over this thing and it is time to call a halt. For one miraculous cure, such as the radical dental infectionists claim, he has seen many failures. He says by all means let us continue to look for alveolar abscesses but be more careful what we promise our patients in return for a toothless mouth. When the patient is old and falling, or when we find high blood pressure, arteriosclerosis or nephritis let us be careful, and consider all the factors involved before we promise anything. The radical dentists may have some right on their side, but Alvarez does not seem to believe their recom-

mendations to be always beneficial, or that alveolar abscesses are always so desperately dangerous to the general health."

So much has been said about the extraction of all dead teeth and yet only a few years ago we were startled by what was called a great scientific achievement—the planting of teeth in the gums without nerve nor blood vessel connection, even planting bone tissue from animals. It is right to get rid of the source of infection, but is also true that conservation should be practiced lest we err; at any rate if we have used all means in the examination of the patient and then decide to advise the removal of the teeth let us be careful in our prognoses—experience makes it a necessity. If we have been plunging ahead let us pause and see if there is not a common ground. It has been our experience with serum and vaccine until now we recognize their true value but for a time we were surely wild. Most of us lost our heads with tuberculin and salvarsan and while we still recognize their value, how different is our present knowledge from that which guided our reckless methods when these remedies were first introduced.

Dr. Alvarez says some other things that are worth reading. He continues:

"I believe the main reason for our disappointments is that in many cases the alveolar abscesses seem to exercise no demonstrable influence on the patient's health. Time and again I have seen powerful, and healthy looking men with large alveolar abscesses which they had carried probably for most of their lives. They maintained that they had never had a headache or a twinge of rheumatism, that, in fact, they had never needed a physician. When such a man remains disabled after an injury we often try to rehabilitate him by removing the abscesses. Naturally, we often fail, simply because we take away something which has never had anything to do with the case. It may be, sometimes, that these sacs are as much outside the body as is a calcified tuberculous gland in the lung.

When further bacteriologic work has been done we may find that some of them are sterile, the bacteria having died out just as they do in pus-tubes. Particularly in the case of the smaller areas, the necrosis may never have been infectious in origin but may have been produced by the chemicals used during the preparation of the root canals.

"Many of the dentists have become so frightened over the terrible results which they think must follow every root infection that they are refusing to fill any root canals at all. They feel that the risk to life and health is so great that a man should immediately sacrifice every dead tooth in his head. Certainly the thousands of people who for the last thirty or forty years have been chewing contentedly on dead teeth (without signs of rot infection) should be grateful that these radical ideas did not prevail when they were young. The trouble with many of our dentists today is that they do not know enough about the wonderful defenses of the body against bacteria. These defenses are particularly efficient in the mouth, where, in spite of the rich flora and the continual trauma, wounds heal with surprising rapidity. Bacteria are constantly getting through the first line of defense only to be stopped at the second, and I see no reason why the body cannot in many cases protect itself perfectly from the activities of a few invaders which have reached the apex of a tooth.

"In view of the fact that the most thorough removal of focal infections often fails to cure arthritis and other diseases, let us be more honest and conservative with our patients. Let us be careful what we promise them. Let us save serviceable teeth whenever possible. Above all, let us do unto our patients only what we would have done unto ourselves if their teeth were in our heads."

So conservatism, careful examination of the patient, cautious conclusions, without rash promises are the points to be given consideration.

S. E. EARP.

#### RECOGNITION GIVEN ANOTHER SPECIALTY.

The recent appointment of two "consultant anesthetists" to the staff of the Indianapolis City Hospital is significant. It is the first public recognition of anesthesia as a special practice in this city.

Time was, not so long ago, when every physician would clip a pair of tonsils in his office and think nothing of it. This was then a part of the general practice of medicine. But gradually the importance of proper technique in this operation, and the acquisition of greater skill in its performance by men who had give the matter special study, has forced the operation of tonsillectomy into a field of special practice. Likewise have other specialties been borne. The diagnostician of internal medicine, the tuberculosis man, the serologist, the urologist and many others are specialists because they are better trained and have acquired more skill in their particular fields than the general physician. There is so much more to be learned about every branch of medicine than there was to be learned twenty years ago, that it is impossible for any one man to gather and retain an adequate knowledge of it all. Therefore the specialist. To learn thoroughly any one branch of medicine at this date is a task to tax the best of us, and to do it well leaves but little time for work in other branches.

Now comes anesthesia. Its advancement in late years has been rapid. Anesthetic organizations have been formed. Special attention is given to anesthesia in some of the better journals that we read. Some of our best men are working for the advancement of good anesthesia. There are men in Indianapolis who have given much time and attention to this work and as a result, our city today stands as one of the foremost centers of the United States in this branch of medicine.

Formerly, say twelve years ago, in this community the administration of the anesthetic was commonly left to anyone who happened to be near, whether

a nurse, a medical student or the family doctor. No attention was paid to it from a scientific standpoint. One surgeon would demand chloroform for all cases; another would demand ether for everyone. There was no attempt to select an anesthetic agent or method, which was particularly suited to the individual patient or operation. Then, if a patient had a heart lesion or albuminuria that patient was a bad risk and was frequently denied the benefit of a surgical operation. If a patient died under an anesthetic his death was said to be due to a bad heart or to status lymphaticus and it was assumed that his time had come; that he would have died just the same under any other anesthetic circumstances. Today this is changing. It will be some time before it has completely changed. No specialty was born in a day. But it is changing.

The special anesthetist, the man who has given long time and study to the perfection of his knowledge of this work, is among us and his presence is being felt. The technician in the administration of any anesthetic agent, he who has mastered the mechanics of it, and has gone no further, cannot be called an anesthetist. The anesthetist of the future shall be a physical diagnostician and shall be able to assist the surgeon in the selection of the anesthetic to be used and the manner of its application. He shall be able to assume all responsibility for the anesthetic. It is not uncommon even now for the surgeon to leave the selection and the administration of the anesthetic entirely to the anesthetist. The surgeon wants none of the responsibility of this work, where he can crawl from under it. It is the anesthetist in the future who shall take the bad surgical risk and develop it into the safest possible one for the condition. Patients who are to be denied operation because of their inability to take a general anesthetic will be but few in number.

One of our anesthetists states that fully one half of his work now comes from the patient, either direct or through the surgeon. This means that when there is to be an operation in any family, a

careful and selected service in everything is desired. One of our surgeons who employs special anesthesia for most of his work states that in no case yet has the patient objected, after a brief explanation, to the extra expense of skilled anesthesia. Often now, the general practitioner over the state, when he refers a patient to the surgeon for operation, specifies the anesthetist to be employed in the case.

The day is passing when "anybody" can give the anesthetic. Recent advances in this work has made it a special practice worthy of our recognition. It is for the good of all medicine and surgery that this specialty be encouraged. Let us ask ourselves, "Were we to be operated upon who would give the anesthetic?" The question is at once answered. We want the skilled anesthetist for us and ours. Let us think of our patients with the same concern that we think of ourselves. Not only is it but fair to the patient: it is to our own advantage in every way.

In adding anesthesia to the staff of the Indianapolis City Hospital, are we leading the public, or are we supplying a public demand? In either case it is a step forward for medicine and surgery in our community.

S. E. EARP.

#### DEATH FROM DRINKING OIL OF WINTERGREEN—ITS CHEMISTRY, THERAPY AND LITERATURE.

The following note from the Indianapolis News of September 16, 1919:

Military authorities at Ft. Benjamin Harrison reported today that the five soldiers confined in the post hospital as the result of the effects of a quantity of oil of wintergreen which they drank Saturday are improved and apparently on the road to recovery.

One soldier, Oliver Eager, of South Bend, died Sunday as a result of the poisoning. The authorities have been conducting an investigation to try to determine how the men obtained the drug.

There was also a news item with the

same import in the October issue of this journal.

An earlier report in the local papers stated that the oil of wintergreen imbibed by the soldiers was mixed with alcohol.

The officinal preparation of *oleum gaultheria* is a volatile oil from the leaves of the common wintergreen of the Northern and Eastern woods of the United States. The plant is known also as "partridge berry" or "checkerberry."

The odor of the leaves is very fragrant, the taste is aromatic and astringent. The oil contains arbutin tannin, sugar and gum.

The therapeutic action is stimulant, astringent, diuretic and emmenagogue.

The oil is colorless or yellow; some samples are reddish in color. It is freely soluble in alcohol. With nitric acid it gives colorless prismatic crystals. The oil contains 90 per cent of methyl salicylate and about 81 per cent of pure salicylic acid.

The dose of the oil for adults is 2 to 3 cc. and for the horse 8 to 10 cc. It is given in capsules or in emulsion.

The above dosage is given by Doctor E. Stanton Muir, Ph. G. V. M. D., in his recent manual of *Materia Medica and Pharmacy* in the University of Pennsylvania, third edition.

The writer of this note has known the wintergreen from an early childhood and has often gathered and eaten the red aromatic berries—from the northern Alleghenies to the woods of Michigan. The leaves were eaten often and were a common gift from friends in New York state and elsewhere in the Eastern mountain ranges of our country.

Indeed, the "Wintergreen Tribe" is but a genus of the great "Heath Family of Gray's Botany" requiring some 20 pages to describe them all—a large family, mostly shrubs, various in character, and comprising four well marked divisions. Flowers early in spring exhaling a rich spicy fragrance dimorphous as to style and stamens and subdioecious.

Among them are the "Indian Pipe" of Brown county, Indiana hills, a leafless parasite often found on roots of the

beech tree from which it sucks its nutriment and so is without chlorophyl and has the apt name of "corpse plant." Here too, is the "rhododendron" or "rose tree" which is brought north from its southern swamps by carloads from the Alleghenies; the Azaleas and the Rhodora of which Emerson wrote:

On being asked, "Whence is the flower?" he answered:

"In May when sea-winds pierced our solitudes,

I found the fresh Rhodora in our woods,  
Spreading its leafless blossoms in a damp nook,

To please the desert and the sluggish brook.

Why thou wert there, O rival of the rose!

I never thought to ask, I never knew;  
But in my simple ignorance suppose  
The selfsame Power that brought me  
there brought you."

But enough! Our soldiers drank the wintergreen oil for the alcohol that was in it. They did not know these essential oils were poisonous. One death was the result. Of course, there was criticism as to where they got these poisonous drugs. But the alcohol habit is strong and many a good man, soldier and citizen, has been destroyed by this habit.

Indeed it would be an almost cheerless world to its thousand students if their spring tramps to the hills of Brown county did not have on their warm southern slopes the most dainty of the spring flowers—the trailing arbutus of late March and early April, which like Shakespeare's daffodils "come before the swallow dares and takes the winds of March with beauty."

Love indeed has its trysting places and the main argument for co-education is that opportunity given in freshman and sophomore years—yes! even more in junior and senior years, to make up for lost time and secure those relationships for the future which are often the best results of the college education.

Indeed, do you see in the college lists of graduates in far distant cities the



names of two graduates? A man and a woman—you may be almost certain that their happiest memories are related to the arbutus covered hills of Monroe county! and, in the deep ooze of memory they may recall with greatest pleasure the late—or even early in some seasons—the pleasant day with bright sun above melting the snow on the hillsides below, they gathered the Ground Laurel, the Trailing Arbutus, the Epigala repens with chilling fingers, but oh, happy day, with warming hearts.

How beautifully does Asa Gray describe it in his great botany—the greatest in our world of beauty: “A prostrate or trailing shrubby plant, bristly with rusty hairs, with evergreen and reticulated rounded and heart shaped alternate leaves on slender petioles and with rose-colored flowers in small auxiliary clusters from scaly bracts.

A. W. BRAYTON.

#### ROTARIANS MARCH PAST HOSPITAL TO WAVE GREETING.

(Special to the Indianapolis News.)

EVANSVILLE, Ind., October 8.—“Members of the Evansville Rotary Club, numbering more than 100 marched past the Walker Hospital here Tuesday afternoon and waved their greetings to Dr. Edwin Walker, who sat at the window and smiled. Dr. Walker is recovering from a serious operation and could not see the Rotarians in his room. He formerly was president of the Indiana Medical Society.”

This little note will bring pleasure to all Indiana doctors. Dr. W. N. Wishard has been very apprehensive as to Dr. Walker's health. Dr. Walker has been carrying on the largest sanitarium and surgical hospital in the Southwest, with a score of assistant surgeons, nurses and attendants amounting to 100. His success is only equalled by his modesty, his charity and his great skill as an operator and his rare capacity of friendship. To know him is to love him. You naturally class him with the great physicians of Indiana—with John Stough Bobbs of

Civil War times, with Thomas B. Harvey and Joseph Eastman and W. B. Fletcher who took the lead in medical college founding and teaching in Indianapolis during and following the Civil War.

As we attend the annual meetings of the Indiana State Medical Society and read the history of Indiana medicine as portrayed in the volumes of the late R. French Stone and the virile Dr. G. W. H. Kemper, we are thankful and proud of our medical men and our medical history.

But the great ones are departing with the fleeting years, “to where beyond these voices there is peace.”

God grant that the skillful and practical medical men of the present may add to their laurels not only the aids of modern science and the grand surgical teachings of the present wars, but those greater things which should attach to the old definition of the doctor given by Hippocrates: “The good man skilled in healing.”

A. W. BRAYTON.

#### NO INFLUENZA EXPECTED THIS WINTER.

Victor Vaughan Declares City-Bred Man  
Is Better Disease Fighter.

ST. LOUIS, October 14.—There is no indication of an epidemic of influenza this winter, according to speakers at the convention of the Association of Military Surgeons of the United States in session here.

Colonel Victor C. Vaughn declared that the fouler the atmosphere and the more bacteria one breathed the more immune he would be to disease. This was proved, he said, by statistics compiled during the war, which showed that the greatest death rate from disease was among men from rural districts.

“The city reared man,” he asserted, “is accustomed to breathing filthy air while the country-bred man is not, and consequently, a foul atmosphere will affect the latter sooner than the former.”

Facial reconstruction has been so successful that there is not an American

soldier wounded in the war, with a repulsive face, according to a report made to the convention.

A few men have become quite notorious by predicting an increased epidemic during the present winter. There may be a mild epidemic, but it is doubtful. Many epidemic prophets are upon a level with the weather prophets who base their conclusions upon the alleged facts that are empirical only. It is well for every man to have an opinion, but if that opinion is to be sent broadcast there should be good reasons for supporting it. We do not find these predictions so much in the medical press as in the daily paper and we trust that some men have been misquoted. If influenza creates an immunity in the individual then there will be fewer persons during the coming winter who will have influenza. People are better skilled in caring for themselves and preventive medicine will come into play. The power of resistance which normally belongs to every individual will be greater and hence less likely to succumb to influenza. Furthermore, the experience of last winter has taught the people that the way to cure influenza in a short period of time and also to avoid pneumonia and other complications, is for the sick person not only to stop work but go to bed and receive the proper medical care. There is also every reason to believe that the experience of physicians obtained during an epidemic such as we had last winter better fits them to care for such cases and it is evident that greater skill will now be shown in the treatment of influenza. It is fair to assume that there will be some cases of influenza but we are inclined to be of the opinion that there will not be an epidemic, and if there is, it will not equal the one of last winter.

S. E. EARP.

#### QUEEN ELIZABETH OF THE BELGIANS.

King Albert and Queen Elizabeth of the Belgians with the crown prince made a tour of the United States in October, 1919.

The interest that the Queen took in

medical matters is worthy of consideration and we must bear in mind that she is the daughter of a famous physician. While the king was enjoying a ride in a naval hydro airplane and visiting the skyscrapers of New York, the Queen visited a number of hospitals and the Rockefeller Institute. She is a qualified nurse by training and the daughter of one of Europe's famous physicians, Duke Charles of Bavaria. She showed a great interest in American hospitals and research organizations and she especially expressed a desire to visit at least one hospital which cared for soldiers and sailors wounded in the war.

Queen Elizabeth opened the annual Red Cross membership drive at the Long Island country home of Henry P. Davison.

After paying the fee of \$1 and receiving the certificate of membership, she addressed a gathering of several hundred men and women. She pointed out that in peace many problems, such as epidemics and babies' diseases needed the attention of such an organization as the Red Cross.

Gen. Pershing, back from a vacation on Cape Cod and in the Adirondacks, met the Queen for the first time since her arrival in this country. He emulated her example in paying \$1 and enrolling.

In recognition of her work in facilitating relief measures the Queen was presented a silver medal by Dr. Livingston Farrand, chairman of the Red Cross.

The establishment of an institution for medical research in Belgium is one of the ambitions of Queen Elizabeth.

These things are of especial interest to the physicians of Indiana. When the physicians of Belgium were in sore need the Indianapolis Medical Journal donated a page of its advertising department and other money. It received subscriptions from the physicians of Indiana and the Indianapolis Medical Society gave \$25.00 from its treasury. These sums were sent to Dr. Lewis, editor of American Medicine, who was at the head of the movement and an acknowledgment was made by him.

S. E. E.

## ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators.

### HARDENING OF XYPHOID SIGN OF AGEING.

The Early Signs of Ageing is the title of an article in the Medical Review of Reviews for October, 1919, in which Dr. I. L. Nasher says:

"Of the many symptoms and signs of ageing I know of but one which is pathognomonic, which does not occur in disease, which is always present in old age and is a reliable index of the extent of the degenerative processes in the body. This is the hardening of the xiphoid cartilage. A homely use of this knowledge is made by the housewife, who determines if fowl is young or old by the hardness of the breast bone. If the breast bone is soft and cartilaginous the fowl is young; a hard breast bone means an old fowl. The xiphoid appendix hardens from above downward, the ossification of the upper end beginning during youth. Normally, this ossification proceeds very slowly, reaching the tip during the eighth or ninth decade. The earlier the senile degenerative process begins the earlier the xiphoid appendix begins to harden and usually when this cartilaginous structure begins to harden early it hardens rapidly.

"The hardness of the xiphoid can be tested by grasping the lower end between the fingers and bending it forward and backward. The apex can usually be pressed back by the pressure of the finger against it, but an erroneous conclusion may be drawn, as a long, thin xiphoid will be resilient even if almost completely ossified.

"Another early sign of ageing is the presence of pin-head petechiae or angiomata on the skin, generally on the chest and abdomen, sometimes on the back, less frequently on the extremities. These petechiae or angiomata consist of minute telangiectases and ruptured capillaries, are bright or dark red, usually slightly elevated and do not disappear under glass pressure."

They occur where there is a generalized arteriosclerosis and usually appear in the sixth or seventh decade, although they are sometimes found as early as the fourth decade of life. Other signs and symptoms of arterial and venous degeneration such as tortuous veins, high blood pressure, and the secondary results, cerebral, renal, etc., usually follow, rarely precede the appearance of the petechiae.

The author calls attention to the fact that there are few signs of ageing which may not occur in the course of disease in earlier life. He says that ageing itself may occur very early in life, one case is recorded in which a man died at the age of 28 giving all of the subjective and objective manifestations of old age and his organs showed the same degenerative changes that are found in the organs of a person dying of age.

We recognize that certain pathologic lesions, early dissipation build a foundation which makes the individual prematurely old. I saw a patient at the Indianapolis City Hospital with Dr. T. V. Keene a few years ago who was prematurely old and there was well marked arteriosclerosis which I believed was due to syphilis and the use of alcohol since childhood and yet at his death, which was pronounced due to senile pneumonia, he was but nineteen years of age. Dr. F. B. Wynn told me of a similar case in his experience.

S. E. E.

### PHYSICIANS' AND DRUGGISTS' LIABILITY.

The above is a caption in the Liability Issue of "Rough Notes" for October 2, 1919. The writer is Horace W. Carey, of Indianapolis, who has the unique distinction of having had at one time the largest volume of physicians' and druggists' liability insurance on his personal books of any other single agent in the

United States. He is therefore considered an authority on this subject and we reproduce a portion of his article as follows:

"I began building a clientele in the line of physician's liability protection in the year 1904. It had been a hobby with me that physicians would need that protection more and more as the contributory negligence features of our laws were receiving a broader construction each year, through our Circuit and Supreme Courts in this state. My experience had been along the line of legal profession and for years I had seen a tendency toward varied claims for personal injury in the minds of the general public; consequently, the employer was not only taking that feature into consideration, but all those who dealt with the general public were compelled to do so.

"I have always had an intense interest in the medical profession, its progress, and especially in the line of surgery. I am a great believer in medical science, and have never been, as some are, doubtful concerning its achievements in the past and am even more optimistic today regarding its future accomplishments.

"Having such genuine, heartfelt interest, I not only began selling this class of protection but I gave the very best personal service that was in me to my clients.

Physician's liability coverage is usually extended to the personal injury feature by the different underwriters, some companies, however, going still further and giving specific coverage in conspicuous features of the medical man's duties.

"One of the companies which I have represented in the past had a very costly experience during a period of three or four years, from 1911 to 1915, having pursued the idea, through one of its representatives, that the surgeon was at fault; that it was through a lack of knowledge of his business. This case went so far as to assume that medical science was not making progress and the physician was allowed to suffer

through the real lack of sympathy with him in his honest and sincere practice of the best methods in his profession. Whereas, if the spirit of confidence and trust had been exhibited and a strong line of defense put to use, a very large proportion of their claims would have been defeated and much good done for the medical profession as well as the underwriting companies.

"My greatest success has been with personal service and quick action in going to the bottom of claims which usually come through the perverted idea of obtaining money by such methods, these claims frequently amounting to absolute blackmail. My experience is that immediate attention, with diplomacy in obtaining cooperation of all the physicians and members of the medical profession involved, especially obtaining the assistance of our leading physicians and surgeons, will result in avoiding very nasty looking claims and I have often been able to show the claimant the error of his way.

"Insuring the professional man for the protection of his own business has been a matter of education. Ten years ago the physician could not see the need of liability protection. Today he knows from actual experience that the services of a contract, providing \$15,000 coverage, is a safeguard and that the well-organized adjusting office is a splendid place to put his confidence during his time of trouble.

"The writer has found a great deal of pleasure and met with much success in obtaining other lines of insurance through his personal supervision in the adjustment of these claims. I have always made it a point to "get on the job" immediately when the doctor is threatened, assisting him in the matter of collecting, where patients have used a threatened claim as a means of evading indebtedness, or where some physician or dentist has given secondary treatment and has unthoughtedly given a bad impression of the patient concerning the first man's work. Such cases, if delicately and carefully handled, can be successfully controverted and all the

disagreeing parties brought together, through the cooperation of the professional men, in the early stages of the claim.

"I have little support for the agent who is a mere taker of applications, this being only one means of begging business; but I do have the greatest respect for the underwriter who studies each physician's case and then follows it up by giving correct advice and real service in the way of defending his assured, and assisting him in the many varied lines of trouble and difficulty he meets.

"Many physicians believe if they carry their property in a judgment-proof deed, they are proof against such claims, forgetting that the most troublesome claim in the world is the one made by a man seeking money through such means. There can be no possible protection in putting the property in the wife's name; the wife may not live and the judgment would immediately become good against the assured. During more than twelve years' experience in the law, I have seen many cases where judgments, lying dormant, have been made good by the death of such title holders.

"Medical colleges are urging their graduates to protect their good names by resisting any and all claims made against them through jealousy of rival practitioners. I find that our very best professional men, the very leaders of the profession, are the ones most subject to attack by blackmailing claims, some of them using very bitter means in attacking the science of medicine and its practices, even going so far as to secure the services of lawyers of fair standing to aid them.

"The impression seems general that the non-ethical or newspaper advertising professional man is the one subject to malpractice claims, but the exact opposite is the case. I can show absolute statistics on the subject from my clientele, in an experience reaching over nineteen years, where the majority of claims have been made against the leading physicians and surgeons, and they have been compelled to defend their treatment, although without question it was

scientifically and correctly administered. Many people must be shown that the results of a case are frequently different because of the circumstances surrounding the different cases.

"The most interesting case I ever had was that of a mastoid operation where the facial nerve was cut and the jaw dropped, through loss of control of the left facial muscles. The claimant, a young man, and his attorney, were very confident. They thought they had a case for a jury. In our defense, we permitted them to say every mean thing against the medical profession, and to use all the "grand stand" methods they desired. We showed conclusively that the patient failed in every particular to follow the surgeon's instructions from the beginning of his trouble. He did not give it the attention requested, failing to meet his appointments with the doctor and finally allowing the disease to develop pus in the left mastoid. A venereal disease history was shown and consequently the operation had saved his life. We obtained transcripts of cases in other states and, when we were through, the members of the jury recalled the many times when the medical profession had saved the lives of themselves, their families and their friends, and they were convinced that the surgeon had saved the life of this claimant. The case took over ten days for trial, but we won it.

"I have an abiding faith in the profession and a confidence in getting them together in the event of such claims. I believe the medical society should be supported by our best men and eventually the insurance companies will sell liability protection to a larger proportion of the best ethics in the profession.

#### Druggists' Liability Protection.

"The druggist, the same as the physician or the automobile owner, finds, in his dealing with the public, he is subjected to various claims, more or less of a fancied character.

"My observation is that the average claim against a druggist is either of a minor character or very serious indeed.

The serious claim is the one where death occurs or impaired health results from a mistake on the part of the druggist. Therefore, in writing this sort of protection it is best to consider the real money liability more than the good name of the druggist. The drug store is always a tangible asset, subject to execution, and the ambulance chasing lawyer sees this very plainly, and makes use of it.

"Claims vary along this line quite as much as the sales over the counter. People will sue or make claim for anything.

"One of the worst cases I ever had was through a "joy party" that had been out all evening, eating and drinking, with a midnight supper, and ending up at the drug store, ordering hot chocolate on their already over-loaded stomachs. This finished the job and made them very sick. They immediately wanted to sue, claiming that the druggist had given a bad service, forgetting the many concoctions of beer, champagne, roasts, dressings and salads which they had eaten earlier in the evening. I very readily ascertained this evening's history and dared the whole outfit to bring suit against the druggist. Naturally, it was never brought.

"The most severe case I ever had was where the assured had just refused to renew his policy on August 24, the day I called. His contract was to expire on September 4. Two days after my call he and his clerk were frantic in their efforts to get my office. When they did reach me I learned that the chief clerk had sold a dose of oxalic acid instead of rochelle salts, the two ingredients being very similar in looks and general makeup. In his haste the clerk gave the wrong medicine.

"They called a local physician and I sent a well known specialist, but we were too late—the man died, leaving a wife and three small children, one of them blind. At that time we were protecting druggists in a maximum sum of only \$2,500. He raised the difference and we paid the family \$3,600 and adjusted the claim."

I recall an instance where Mr. Carey assisted a druggist who had no insurance. It was Mr. B. Izor, of Indianapolis. A girl claimed that she was cured by a certain prescription and that when she used a refill one year later for eczema of face it was improperly filled and injured her. The druggist, doctor and girl said harsh things of each other. The druggist was sure that he was safe. The girl sued for \$5,000. The prescription contained quantities of oil of tar and green soap. Drs. A. W. Brayton, W. H. Foreman, T. V. Keene and S. E. Earp testified that it was impossible for it to produce ill effects. One of the doctors smeared his face with the medicine, let it remain on his face two hours and so appeared on the witness stand looking like a negro minstrel. All testified that it was harmless. For the prosecution, only the girl testified, no experts not even her doctor, and yet the jury gave a verdict in her favor for \$125. What will a jury do and why? I was the smeared face witness. It is better to have protection. E.

#### SURGERY OF THE TRIFACIAL NERVE

In a reprint from the *Laryngoscope* Dr. John F. Barnhill of Indianapolis says:

"Before any surgery of the nerves, nerve trunks or ganglion is undertaken it is presumed in this article that all pathologic conditions present that may be regarded as causative factors of the neuritis or tic douloureux have previously been removed. It must therefore be presupposed that any diseased teeth have been repaired or extracted; that all the nasal sinuses have been investigated by every method known to the rhinologist, corrected surgically, and that any other causes of neuritis have been surgically dealt with.

"Of the three trifacial branches I favor surgery of the ophthalmic and its divisions at a much earlier period of the neuralgia than on the remaining divisions. The reasons for earlier surgical attack are: 1st, the greater probability of failure to relieve or cure by injection

methods; 2nd, almost no scar or deformity should result; and, 3rd, the comparative ease with which the several branches may be dealt with surgically, provided the anatomical relations are mastered, and thoroughness in the execution of a well considered plan is carried out. It is true that if the disease is limited to the supra-orbital branch only, injection may be made successfully at the supra-orbital notch and operative measures thus temporarily avoided, but it is a fact, I believe, that the trochlear and nasal branches are more often involved, and that neuralgia of these can be relieved only by surgical methods.

"If all branches of the ophthalmic nerve are involved the incision should follow the supra-orbital margin from the junction of the outer and middle thirds well down upon the bridge of the nose. The bleeding vessels are clamped and the orbital structures are loosened and held downward by means of a flat retractor. The supra-orbital and supra-trochlear branches of the nerve are readily isolated for a distance into the orbit; the deepest portion of the respective nerves are then caught in artery forceps and are twisted out by the Thiersch method."

#### PYORRHEA ALVEOLARIS.\*

By R. Shaw Tyrrell, M. D., L. R. C. P.  
 Lond., Toronto, Canada.

In the Boston Medical and Surgical Journal of February 13, 1919, there is a short article by Dr. McNulty in which he states that "alveolitis dentalis is an error of metabolism, focusing its expression in and about the alveolus dentalis." In this statement I consider that he has brought into the light a most valuable fact in regard to medicine proper, and if he had carried his con-

tribution a little farther into practical details, I would not have thought it proper to offer any criticism. When he also says that "saline balance is essential to body well-being, and a disturbance of the salt balance may be an important contributing causative factor in the nutritional error called interstitial gingivitis," I entirely agree with him, and consider that soda in some of its combinations is not in sufficient quantity in the blood to combine with the uric acid.

Now we know that the urine, in these cases of alveolitis dentalis, generally contains excessive deposits of the biurate of soda, or if it does not we find a defect in the eliminating power of the kidneys, which in either case I contend means the circulation in the blood of the biurate, and by its irritating properties sets up inflammatory actions and deposits in many parts of the body including the gums (gingivitis).

To make this short article practical, the treatment ought to be, in my opinion, purely medical, and not combining any surgical procedure whatever, unless a soft tooth-brush, with a little weak soda water for cleansing the mouth, be considered surgical.

Whenever I come across a case of pyorrhea, I take for granted that the biurate of soda is the cause and order a two-grain tablet of calomel and soda every night for a week, taking care that the dose is carried away the next day. (It is better, however, provided the bowels act daily, not to disturb the action of the calomel and soda by saline draughts next morning.) I then, at the same time, acting on the authority of Langdon Brown, order fifteen grains of the salicylate of soda three times daily, for the purpose of eliminating the biurates in greater quantities by the kidneys. In this way, and by putting my patient, for a short time, on a diet of cereals and milk, I succeed in getting the blood free from the irritating salts, when the gums will become healthy and normal and the alveolar deposits absorbed by the salicylate of soda circulating in the saliva.

I would not be giving my entire ex-

\*We are by no means sure that the author is correct in his views as to the cause of the condition, or the manner in which the results are reached, but publish his paper because he gets results whatever his explanation of the method of obtaining them may be.—Ed.

perience if I stopped here, for just as sure as the biurate of soda is not prevented from circulating in the blood, so surely must we expect a recurrence of the pyorrhea; hence to prevent this disturbance in "salt balance" it is often necessary to order a two-grain tablet of calomel and soda once a week, and see that the patient gets plenty of soda in his food, and frequently as well to order twenty grains of the salicylate of soda in a tumbler of water at bedtime.

I have said that in some cases the eliminative power of the kidneys is defective, causing the biurate to collect in the blood. If this power has been destroyed to a great extent, and the pathological condition not remedial due to interstitial changes, etc., then our hope of keeping the patient entirely free from pyorrhea is not very bright, but moderate degrees of these changes need not deter us from being optimistic in the majority of cases.—*Therapeutic Gazette*, Oct. 15, 1919.

#### IODIN TINCTURES.

Torald Sollmann, Cleveland (*Journal A. M. A.*, Sept. 20, 1919), remarks that certain proprietary preparations of iodine have been claimed to have less irritating action than the official tincture, and, since they are more or less secret in composition, he has devised a nonsecret preparation of the same character, by the use of hydrogen iodide, the details of which will be published in a pharmaceutical journal. He gives a table of the percentages of free iodine (including HI) and relative acidity of U. S. P. tincture, his own new formula, and two of the widely advertised proprietary preparations, Burnham's Soluble Iodine and Surgodine. Tests were made of all these, which showed that Burnham's preparation was more irritant than the U. S. P. tincture, but the differences were slight. Investigation was made as regards the precipitation of proteins, which probably applies to the irritant action of iodine. Sollman finds that potassium iodide of the official tincture has a restraining action on the coagulation

of albumin. The presence of potassium iodide does not seem to render it more irritant, but probably would make it more suitable for the disinfection of open wounds than the secret or non-secret water-soluble tinctures.

#### FADS IN TREATMENT.

Further, you must avoid, like the devil, all fads in treatment. Fadery lies in wait all through professional life. It does not matter so much what pathological fads you hold; that is only a disorder of belief. But when you carry those fads into action and treat people on "faddy" lines, you are guilty of disorder of conduct, and disorder of conduct is insanity. There have been many eminent persons in our profession who have succumbed to the vice of faddism, and they become in their treatment, in certain respects, insane, and, therefore, in a practical sense, they are a real danger to the community. Watch out, then, for the earliest indications of faddism in yourselves. It was said by Sir James Paget, one of the wisest men who ever practiced our profession, that as you begin to get older you tend to write the same prescription for everything. The man who does that is an incipient faddist.—Robert Hutchinson, *Some General Principles of Therapeutics*, The Practitioner, September, 1919, p. 164, *J. A. M. A.*, Nov. 1, 1919.

#### CAMPHORATED OIL TUMORS.

To the *J. A. M. A.* for Nov. 1, 1919, Mook and Wander contributed an article which contains a report of cases in which tumors resulted from the injection of camphorated oil.

In the case in which the oil was a part of a quantity bought by a local druggist, it failed to saponify on boiling with a solution of potassium hydroxide, and there was no soap demonstrable in the resulting product, indicating—and more or less conclusively establishing—that liquid petrolatum was the vehicle used in the camphorated oil injected.

From our studies thus far, it appears apparent that liquid petrolatum may



remain as an inert foreign body in tissue, whether injected as paraffin to correct facial defects or as camphorated oil when injected in the arms, thighs or breasts as a stimulant during an operation or in any very severe illness.

The inflammatory tumors that may result from either are more or less serious, and the use of camphorated oil as a stimulant should be discontinued until researches show that it can be made innocuous with a vegetable or an animal oil, or a vehicle that will be absorbed immediately after injection, with no ultimate bad effects.

The study reveals other possibilities of bad results from the use of liquid petrolatum as a vehicle in the mixtures of mercurials, such as the salicylate and calomel, in the treatment of syphilis. Deaths from emboli after such injections occur often enough to make one a little apprehensive in their routine use.

Emboli of the lungs from oil have been known to occur.

We have reached the conclusion that it is dangerous to use liquid petrolatum as a vehicle for any remedy to be injected in subcutaneous tissue. This fact has been well established in regard to paraffin injections, and the tumors resulting from the injection of camphorated oil made with liquid petrolatum strengthen the conclusion.

#### THE OCULOCARDIAC REFLEX.

Binet asserts that compression of the eyeball modifies not only the heart but also respiratory and motor functioning so that besides the oculocardiac there are oculo-respiratory and oculomotor reactions. Among the practical applications of this method of research, he suggests having it used during auscultation of the heart in dubious cases. With an extracardiac murmur there is generally tachycardia. On compression of the eye the heart beat drops from 100 to 60 or 40, and the murmurs disappear, while an organic murmur becomes stronger and more distinct on compression of the eye. Compression of the eyeball may arrest a spasm of paroxysmal tachycardia. Its action on the vasoconstrictors is evident

even in the brain; the headache after trephining becomes transiently reduced as the eyeballs are compressed. This may likewise arrest for half a minute respiration in inspiration, or it may slow the respiration, reducing the rhythm but increasing the amplitude. This explains the favorable action on asthma and on hiccup. The inhibiting effect on hiccup is particularly distinct, and Binet commends it for current practice. The oculomotor reflex is particularly pronounced in the shaking with a chill, as compression of the eyeball arrests the muscular contractions. Dubac's recent Paris thesis was devoted to the biologic effects and therapeutic action of compression of the eyeballs. Binet gives the tracings from a case of exophthalmic goiter showing the marked effect on the tremor of compression of the eyeballs. The tremor nearly stopped completely, and it did not resume its original amplitude for some time. In a case of athetosis, likewise, the inhibiting influence of compression of the eyes was marked, and Voisin has recently called attention anew to the arrest by it of neuropathic epileptiform seizures. Bailliarth has applied the method further to determine the arterial pressure in the branches of the central artery of the retina, as Binet describes.—*Presse Medicale*, Paris, J. A. M. A., Oct. 4, 1919.

#### MEDICAL EDUCATION STATISTICS FOR 1919.

The Journal of Aug. 16, 1919, the annual Educational Number, contains statistics of medical colleges, students and graduates for the year ending June 30, 1919. There were 13,052 students studying medicine this year, 578 less than in 1918. These are divided into 12,259 in the nonsectarian colleges, 397 in the homeopathic colleges, 86 in the eclectic colleges and 310 in three nondescript institutions.

There were 2,656 medical graduates this year, or 14 less than in 1918. The nonsectarian colleges had 2,423; the homeopathic had 89; the eclectic had 28, and the three nondescript colleges had 116. Altogether 2,778 students completed

the work of the senior year, but for 122 the diplomas will not be granted until a fifth year as a hospital intern has been completed.

Of the 2,656 medical graduates in 1919, 1,180, or 44.4 per cent., were also graduates of colleges of liberal arts as compared with 38.4 per cent. in 1918 and only 15.3 per cent. in 1910 who held that evidence of higher preliminary qualifications. This shows a decided improvement in the qualifications of those who are to practice medicine.

There are 5 less colleges than in 1918, the total now being 85, consisting of 76 nonsectarian, 5 homeopathic, 1 eclectic, and 3 nondescript colleges. These 3 colleges consist of 2 semi-osteopathic and 1 nominally eclectic affair, two of which are outlawed in their own state—Missouri—and 1 is in Massachusetts, which has a feeble medical practice law. None of them, therefore, is subjected to rigid laws or regulations. One of them, the Kansas City College of Medicine and Surgery, exists only by the enjoyment of special privileges obtained through a sectarian licensing board in an adjoining state, the Eclectic Board of Kansas.

Tabulated statistics of college fees, including matriculation, tuition and laboratory fees, show that 14 colleges charge \$100 or less for each student per year, 36 colleges charge between \$100 and \$175 per year, and 35 charge \$175 or more. Among the colleges charging fees of less than \$100 are eleven Class A, state university medical colleges. On the other hand, six colleges listed by the Council in Class C (the lowest class) charge fees from \$125 to \$250 per year for each student. Considering the fact that diplomas from Class C colleges are not recognized as a qualification for a license by thirty-eight state licensing boards, it would be folly for a student to attend one of these colleges when in the same time and even for less money he can obtain a training in a Class A medical school, the diplomas of which are recognized in all states. Financial reports from 82 medical schools show that while each student paid on the average in fees only \$150, the average ac-

tual expenditure for each student for that year was \$419. This shows that to furnish an adequate training medical schools must have more income than is derived from students' fees, in the form of either state aid or private endowment.

Of the 85 existing colleges, 78, or 91.8 per cent., now require for admission two years of work in a college of liberal arts. Instead of 4 (2.5 per cent.) medical schools which in 1904 required any college work for admission, now 78 (91.8 per cent. are requiring one or two years of such work; instead of only 1,761, or 6.2 per cent., students enrolled in the higher standard colleges in 1904, now 12,570 (96.3 per cent.) students were enrolled in the higher standard colleges, and instead of only 369 (6.4 per cent.) graduates who were turned out by the higher standard colleges in 1904, this year 2,492 (94.9 per cent.) graduated from those institutions. Thirty-three state licensing boards have now adopted two years of premedical collegiate preparation as the minimum requirement of preliminary education.

While in the totals of all colleges, students and graduates, there has been a decrease, on the other hand, there has been a decided increase in the number of colleges that have enforced higher entrance requirements, and in the numbers of students and graduates who possessed the higher entrance qualifications.

The improvements in preliminary qualifications represents only one of the improvements brought about in medical education. Greatly increased endowments have also been secured; many schools having received hundreds of thousands of dollars while a score or more have received gifts of millions; most of the medical schools have erected new buildings, have established better equipped laboratories, have obtained more abundant clinical facilities, and have employed larger numbers of skilled full-time teachers and developed better methods of teaching. Instead of the large proportion of lectures or lecture clinics that constituted the former curriculum, now the student gets his clinical

cal training at the bedside of the patient in small group clinics or in having patients individually assigned to him.—J. A. M. A.

#### SUBCONJUNCTIONAL GRAFT OF FASCIA LATA.

Dr. Joel Whitaker, of Indianapolis, in the American Journal of Ophthalmology for September, 1919, concludes by saying, "I believe from my single experience that the fascia lata has proven to make a live conjunctival graft of great strength, which is laterated by the cornea. It is easily gotten under local anesthesia from the leg just above the knee, turned down and cut into any desired shape. All the trimming down should be on one side, leaving the other smooth surface to go next to the sclera and the opening. While I have never used it for the purpose, I believe that fascia lata could be better used than any other substance for replacing tarsal plate, should this be desired.—Author's Abstract.

#### PHANTASYING.

The editor of the Medical Review of Reviews for October, 1919, uses the above title because it relieves him from taking up a discussion of psychology and perhaps the reader who is attracted by a title will more readily follow this title than some psychological head. We at once recognize the truths of the editorial which in part is as follows:

"One attends a lecture, but does not get much out of it because his mind does not follow the speaker closely. Occasionally he realizes he has lost something and missed the connection. He has been phantasying. Another starts for his room and stops. He has forgotten what he started for. Phantasy has played a trick on him. Still another in reading finds he reads entire paragraphs with his mind 'wandering' off on something else—phantasying.

"A bookkeeper makes ridiculous errors in posting, in extensions or in footing columns. His mind temporarily has

wandered—phantasying. Stenographers may often find themselves phantasying, both when they are taking notes and when they are transcribing.

"One of the severest tests on the mind is to attend strictly to details, so that at no critical moment is there the slightest wandering. Doubtless many automobile and airplane accidents are due to slight mind wanderings—possibly only for a brief moment—but just at a critical moment when the mind should be alert. Train wrecks doubtless occur the same way, the engineer, or the switchman, or the gatekeeper having drifted off into a momentary phantasy at a critical moment. Some persons find it difficult and extremely distasteful to settle down to close mental work. They toil over books and lectures—skim here and there, but when it comes right down to hard study they are not there. The phantasy department promptly vetoes it. As a result they are constantly going through an acrobatic feat of making it appear that they know what they do not.

"Doubtless many, if not all, of the might-have-beens who are unable to hold down any job, either because of lack of the power to get down to business and drive the work, or because they are constantly making expensive mistakes, or because their memory fails them at every turn, are persons whose fancy runs away with them. Their phantasy department has gotten a controlling interest in their internal affairs.

"In the opinion of the writer many of the people who are failures, or part failures in life, are such because they did not in the first place learn the proper use of the mental apparatus. And as the typist who 'picked up' typewriting will never be able to do so well as one who has studied the touch system, so one who got started with Phantasy occupying about two-thirds of the office room of his brain will find it hard—and then harder as the years go on—to rescue this office room for more useful mental processes.

"It would seem that right here is a broad field for the study of regular physicians.

"The legitimate practice of medicine is broad. It should reach those whose trouble is organic. And yet the writer has attended a section on nervous diseases where scant attention and less respect was given to anything which could not be run down with a microscope."

#### DEDUCTIONS CONCERNING USE OF CATHARTICS.

1. With the average adult, a daily bowel movement is not a necessity for a state of health.

2. Cathartics are habit-producing drugs, admissible only in case of temporary disturbance due to harmful material in the intestine, and in those suffering from an intestine disabled by local or general disease or debility, who in default of curative measures may have to be provided with a habitual evacuant. Especially obnoxious is the habitual use of purgatives in childhood.

4. Mild laxatives and enemas should replace the more drastic drugs. The mildest is the best, and the patient should be carefully fitted with the cathartic he needs.

4. Acute abdominal pain, unless accompanied with diarrhea, contraindicates catharsis. On the other hand, some patients with a chronic tendency to abdominal pain may keep themselves comfortable by suitable catharsis.

5. Cathartics are useful as a means of diagnosis for the determination of the degree to which symptoms are due to disturbance within the intestine.

6. Routine purgation, be it preoperative, postoperative or postpartum, be it employed in the treatment of diarrhea, apoplexy, dropsy or uremia, is undesirable.—J. A. M. A., Nov. 1, 1919.

#### FORMS OF ARTHRITIS.

One type is associated with actual development of mineral deposits, usually of the salts of lime about the joints. These cases are the rarest of all; but the error is made by those who have not studied the condition with the x-ray, of calling most swollen conditions "gouty arthritis."

Another type is associated with progressive destruction of the cartilaginous structures with ultimate erosion of the articular surfaces of the bones, but without other marked changes, and is usually limited to the joints of the fingers, occurring without flexion of the joints, which flexion is characteristic of rheumatoid arthritis.

Still other types of arthritis are those of toxic origin arising from local foci of infection, either pyogenic or gonorrheal, and which may be multiple or affect single joints, but is rarely, if ever general.

None of these resemble the type of multiple arthritis, otherwise known as rheumatoid arthritis, the characteristics of which are well defined and distinctive from the conditions described.

In the early stages of rheumatoid arthritis the first indications of the oncoming of trouble are pain with slight swelling and stiffening, referred commonly to the joints of the thumb, particularly of the second joint and metacarpal articulations involving, usually also in the earlier stages, the first finger. The condition is as a rule from the outset bilateral, and as affecting the small joints is the early indication of the oncoming of the disease which will later involve the other fingers, wrists and later the larger joints. In some cases the onset is rapid, involving the wrists, arms and shoulders from the outset, as well as the hands. In rare cases it may begin in the lower extremities. This, however, is unusual.

The differential characteristics of this disease, as shown by the x-ray skiagraph in the early stage, shows absolutely no change in the structures of the joint, but a fusiform enlargement of the soft tissues occurs surrounding the affected joints. This is associated with pain, often severe, and the characteristic muscular tension in the vicinity of the inflamed joints. These conditions appear early in the rapid cases, and later in the cases which develop more slowly. Atrophy of the interosseal muscles and of the muscles of the forearm occur early and is out of proportion to disuse, indicating

the possibility that it is a trophic affection of central origin. Later in the disease the destructive process affects the cartilage of the joints, destroying the lateral as well as the interarticular cartilages, and is finally followed by erosion of the bone ends as well.—*Am. Jour. Elec and Radiology.*

#### STUPEROUS TONGUE.

Chavigny applies this term to the aspect of the tongue in cases of stupor, muscular immobility, etc., all connected with pathologic mental states. The tongue is held pressed against the teeth immovably for such a long time that the teeth leave deep imprints on it. The thin edge of the front and sides of the tongue stands up in ridges corresponding to the spaces between the teeth, forming a mold of the hollows and projections. Psychiatrists are familiar with this "stuporous tongue," and the general practitioner will find it corroboratory sign of something radically wrong in the psychic sphere.—*Paris Medical. J. A. M. A.*

#### A MODIFIED APPLICATION OF THE RATIONALE OF FRESH AIR TREATMENT.

According to Baruch, whatever benefits are derived from fresh air treatment are due to vasomotor stimulation by the movement of outdoor air at the proper temperature. The stimulation is beneficial to all the organs that receive it reflexly. The physiological effect of cool air and water is similar although the latter, because it transmits its temperature to the skin twenty-seven times more rapidly than does the air, provokes a much more rapid and active response. Exposure of the body to water can therefore be used for the same therapeutic purposes as exposure to fresh air; and vasomotor stimulation by judicious water treatment enhances the fresh air effect so much that the final result is improved at least fifty per cent. by its addition to the other treatment. The procedure should be mild and methodical, and beneficial results are to be ob-

tained only by supervision and close attention to details, which the author is careful to particularize.—*Baruch, Simon. The Rationale of the Fresh Air Treatment of Pulmonary Tuberculosis; With a Modified Application of It. American Review of Tuberculosis, September, 1919, Vol. III, No. 7.*

#### NEW SIGN OF FECAL IMPACTION.

The sign described by Finochietto is the auditory translation of the Gersuny sign. It is elicited as follows: Over the chosen area the funnel shaped end of a French stethoscope is applied. Over the shell end is applied the observer's ear, holding the instrument lightly with the fingers. The abdominal wall is depressed a few (from 10 to 40) millimeters with the stethoscope, and then the pressure is suddenly released. During the withdrawal of the stethoscope is heard a large moist râle if the sign is positive. Sometimes this is heard not only during the release of pressure, but also during its application. Sometimes it is necessary to change frequently the place of the funnel in looking for this sign before it is found. Finochietto has found the sign positive in every patient with fecal impaction.—*Surg., Gyn. and Obs., J. A. M. A.*

#### NON-SURGICAL TREATMENT OF GASTRIC ULCER.

In *American Medicine* for September, 1919, Albert C. Geyser in speaking of the nonsurgical treatment of gastric ulcer arrives at these conclusions:

1. Every therapeutic measure must have for its object the removal of the cause.
2. Chronic ulcer of the stomach may result from anything capable of causing a simple erosion.
3. Seventy-five per cent. of all stomach ulcers are situated somewhere on the lesser curvature of the stomach; too often to be a mere coincidence.
4. Surgical removal of the ulcer locally is followed in seventy-five per cent. of the cases by hourglass contraction of

the stomach; also too often to be a mere coincidence.

5. The ulcer is always preceded by a localized anemia and stasis.

6. The blood supply to the stomach is under the control of the sympathetic ganglia of the 3-7 dorsal interspaces.

7. Ninety per cent. of all clinically diagnosed cases of ulcer of the stomach have been completely and permanently relieved by applying heat and cold to the sympathetic region.

8. In unrelieved cases that have come to operation, the patient suffered from the adhesions and not from the ulcer.

#### ORAL INFECTION.

Anderson of Toronto, Canada, in speaking of tonsillitis and pharyngitis as a result of oral sepsis in *American Medicine* for September, 1919, says that:

"The usual mode of tonsillar infection from the teeth is probably by swallowing, though no doubt it may also be through either the blood or lymph streams, as there is lymphatic connection between the posterior teeth and the throat.

"The presence of dental infection in cases of tonsillectomy or enucleation has many clinical bearings of importance. This applies especially to clipping operations or where tags of tonsillar tissue have been left. (1) The persistence of focal infection in the mouth is likely to keep up the systemic symptoms for which the tonsils were removed, or at least to permit only a partial cure. This accounts for many unsatisfactory results from the removal of infected tonsils. (2) Oral infection tends to aggravate the inflammatory reaction in the throat following operation and at times keeps up a persistent sore throat from which one may often obtain cultures of streptococci long after. (3) It is possible that removal of the tonsils in severe cases of oral sepsis may even increase the tendency to systemic infection by taking away one of the barriers to its entrance into the circulation.

"The question therefore arises, 'What is the surgeon's proper course of action

in cases of oral sepsis with associated tonsillar infection?' Obviously if tonsillitis is frequently secondary to the oral trouble, the removal of the latter should precede operation on the tonsils. It is possible that this course would make more successful our efforts to deal with tonsillar infection by local treatment rather than by operation, though Billings says the infected tonsil cannot be successfully sterilized by any known method of treatment, and entire removal is the only safe procedure."

#### "JUICE OF CURSED HABENON."

"Much debate has taken place between learned commentators as to the nature of the 'juice of cursed hebenon,' with which Hamlet's father was poisoned. The puzzle is all the greater because in the Quartos the word was printed 'Hebona,' the form 'hebenon' only appearing for the first time in the First Folio in 1623. Now, taking the term as first used, 'hebona,' there can be little doubt that the yew-tree is signified. Though the form is somewhat unusual, the term 'hebon' or 'heben'—etymologically the same as ebony, and signifying a hard wood—was in Elizabethan times applied to the yew. It is thus used by Marlowe and Spenser among others. On the other hand, 'hebenon' might well be a misnomer for henbane or 'hennibone' as it was sometimes called, and such metathesis of consonants is by no means uncommon in old writers. We fear that the nice point as to whether the yew or the henbane was in Shakespeare's mind is beyond solution. A more interesting point, however, is the question of the possibility of poisoning 'through the porches of the ears.' Dr. D. I. Macht, who discusses the whole question learnedly in a recent number of the Johns Hopkins Hospital Bulletin, has found by experiment that death was produced very rapidly in a cat by the instillation of nicotine in the ears. Moreover, an alcoholic extract of aconite, an alkaloid present in henbane, was readily absorbed through the ear, producing its characteristic effects. Belief in poison-

ing through the ears was common in the Middle Ages, and even the renowned Ambrose Paré was accused of having compassed the death of King Francis II of France by blowing a poisonous powder in his ear.—Med Press. American Medicine, September, 1919."

Our readers will no doubt call to mind several articles in the Indianapolis Medical Journal upon Shakespeare, one of which was by Dr. J. W. Wainwright, known to be a Shakespearean student. Some mention was made of hyoscyamus as the "cursed hebenon" which poisoned Hamlet's father. This is of interest to the student of literature as well as therapeutics.

E. M. E.

#### INDIANA'S ROLE IN THE ERADICATION OF VENEREAL DISEASES.

The U. S. Public Health Service in its bulletin for November has this to say concerning Indiana:

The Church Federation of Indianapolis, Ind., is waging an active war on venereal diseases in cooperation with the State Board of Health and the United States Public Health Service.

"In addition to active welfare work the Federation is conducting an educational campaign through the Indianapolis newspapers setting forth the result of an investigation of the State institutions. It says:

"Twenty-five percent. of all insanity in Indiana is caused by syphilis.

"Thirty per cent. of all blindness in Indiana is caused by gonorrhea.

"Eighty per cent. of children blind from birth are victims of a venereal disease infection in their parents.

"Seventy per cent. of abdominal operations on women are due directly, or indirectly, to gonorrhea.

"A large per cent. of premature and stillbirths in Indiana are due to a venereal disease.

"Thousands of deaths in Indiana every year are actually due to a venereal disease instead of peritonitis, rheumatism, apoplexy, paralysis, paresis, cirrhosis of the liver, Bright's disease, heart disease, and similar causes as reported.

"It has been established and can be proved beyond question that it is now costing the State of Indiana \$5,000 a day for the maintenance of institutions that are caring for the victims of venereal diseases."

The public is entitled to protection from carriers of venereal disease germs, according to a decision handed down by Judge Sims in the Indianapolis city court, in construing an ordinance designed to aid in the control and eradication of venereal diseases.

Judge Sims assessed a small fine and six months' confinement in each of three cases brought before him in which persons had violated sections of the ordinance relating to quarantine while infected. He said that the public was entitled to protection from persons carrying venereal disease germs and that such persons should be under quarantine until made noninfectious. The sentence was later suspended when the three persons agreed to voluntarily attend a clinic and quarantine themselves until released from the obligation by the clinic physicians.

It might have been mentioned also that the Indiana University School of Medicine has furnished a building and apparatus and that frequent clinics are held each week, and many hundred persons have been treated for syphilis or gonorrhea. Although the government pays some of the employees a large number are not compensated but are glad to render aid. It is a great work and much good has been done.

#### LESIONS OF THE SACRO-ILIAC JOINT OR SACRO-DISEASE.

By Curran Pope, M. D., Louisville, Ky.

In the general management of these cases we may say that the acute cases first of all demand rest; absolute rest for a time at least is imperative. During this time many practice immobilization by means of adhesives, but we personally prefer bandages if they have to be used, as we can then employ while in bed the various hydrotherapeutic, vibratory, massage, light, and other measures rec-

ommended. In the chronic cases partial rest is of advantage especially after each treatment. In women pelvic disease and in men, prostatic and posterior-urethral lesions and in both rectal lesions must receive due care and attention, and their character and relation to the symptoms must be definitely determined. The question of the treatment instituted for any lesion existing in these domains will, of course, depend on the particular lesion, its kind, character and extent in any individual case. Once the disease is developed it should be remembered that there is a constant danger of a chronic low grade infection, so that we must look carefully to the teeth, gums, tonsils, gastro-intestinal tract, pelvic organs of the female and the genito-urinary organs of the male. In this connection a perusal of the recent work of Rosenau would be of benefit to any one treating these cases. Continual irritation of a joint is a constant menace. If any toxic element is present in the blood it is most likely to seek the weakest link and the chronic and continual irritation of the lumbo-sacral and sacro-iliac articulation or articulations, usually with relaxation, with its consequent congestion forms a fine culture medium in which infective micro-organisms may find a habitat, as a result of which an osteo-arthritis may be super added to an already over-burdened and over-strained joint. Here the Roentgen ray may be of great value in clearing up the diagnosis and ascertaining the true condition.

This is an abstract from the American Journal of Electrotherapeutics and Radiology reprinted from the Medical Times, New York.

#### MORE GERMAN PSYCHOLOGY.

For four years of war we had many surprising and puzzling revelations of the German mind. Just now we are getting another chapter. It is really of a piece with what went before. The outcries and protests of German public men and newspapers over the harsh terms of peace are furnishing the world with the latest lesson in modern German psychol-

ogy. We must, of course make allowance for a certain amount of insincerity in the present prodigious wailing of Germany. There is doubtless in it an element of bluff and of diplomatic tactics. Germany is quite within her rights in seeking a mitigation of the hard terms of the treaty. She remembers how France in 1718 writhed and groaned when Bismarck announced his conditions of peace, and did, in fact, obtain a slight abatement. It would be natural to expect that similar methods now might produce results. There is no objection to trying it on. And if the German delegates can show, in any particular, that the terms of the peace treaty could not possibly be carried out by Germany, they are entitled to a hearing, and have been promised that they will have it. To this end, no doubt, a part of the sound and fury coming out of Germany is directed.

Over and above all this mere maneuvering, however, it is impossible to deny that there is something genuine in the indignant and moaning protests uttered by so many of the German people. They act like men suddenly confronted with something not only startling and charged with despair, but utterly unprecedented, out of the order of nature, incredible, monstrous. This seems to the rest of the world inexplicable. But we ought to try to understand it. And if we look into the matter at all closely we shall see that the present state of mind of Germany is a necessary consequence of that of five years ago. Her people had for two generations been drugged with false teachings. Now we see how the poison has impaired the whole mental and moral makeup. Taught to consider themselves not only invincible and destined to world-mastery, but also as the finest flower of civilization, the delight of the human race, the chosen of the Almighty, the Germans could not in a few months come to believe it possible that they should be both beaten and despised and brought near the verge of ruin. They had been told that if they did not gird on the sword and go forth



to conquer the world they would be in danger of Niedergang, but now that Niedergang has come they refuse to admit it. What, we the very apex of the highest civilization to be tumbled into the abyss? Impossible. Hence the tears and wails at the very thought. A people that four years ago was displaying what the Greeks called hubris—meaning a defiance of the gods sure to lead to condign punishment—shows itself today hysterical and mean-spirited in disaster. The two frames of mind go together with perfect naturalness.

And these new lessons in German psychology link themselves with earlier ones in betraying the same strange inability to understand what other nations must think of German reasoning and morality. Humbled Germany exhibits the same density in this as the Germany that thought herself triumphant. Some of her people today are appealing to the sympathy and even to the "conscience" of the world. They seem totally unaware that they have forfeited all standing ground for such an appeal. After setting the world aghast at their unscrupulousness and brutality, they appear to expect it to shed tears of commiseration over their own unhappy fate. The truth is that the Germans today can not speak of justice or pity or human kindness without provoking a feeling of nausea in those who hear. They even have the effrontery, or the amazing obtuseness, to refer to Belgium as giving an example which Germany will follow. As the Belgians heroically resisted brutal force, so will the Germans! Thus to remind us of their own crimes while asking for clemency, is about the last disclosure of the inability of the Germans to see the fact as it is or to read the minds of others. Again we are to think of this as a leftover of what the Germans had been thinking and feeling for forty years. They were so absorbingly in love with themselves that they could not dream of ever being really abhorred. Even today they seem to think that the rest of the world is only waiting to take them to its heart!

The whole is certainly a curious study. There always seem to be lower depths in the German mind after we think we have got to the bottom of it. But in the end the facts will tell, even against confused thinking and inordinate self-satisfaction. And the facts are that Germany is beaten and powerless. She must agree to the treaty, and undertake to carry out its terms, looking for such amelioration as it is possible to secure, now or later, or bring upon herself a still worse fate. For the allies, the true policy at present is one of that fairness mingled with firmness which is most successful in dealing with spoiled children.—New York Evening Post. •

#### TREATMENT OF HAY FEVER.

Scheppegrel has an exhaustive article in the New York Medical Journal for May 10, on Spring Hay Fever; Its Cause, Prevention and Treatment. The following excerpts are taken from it:

The diet of hay fever subjects during the hay fever season should be light as regards foods rich in protein, such as meats, fish, eggs, cheese, and milk. Farinaceous foods may be taken in moderation. Vegetables and fruits are of benefit. High seasoning should be especially avoided, as it frequently reacts on the membranes of the nostrils, already irritated by the pollens. Alcoholic drinks are injurious. In cases complicated by asthma, the rules regarding diet should be especially observed, and it is preferable in these cases to have the principal meal during the middle of the day. There are certain articles of food that should be avoided in special cases. These vary within such wide limits that no specific rules can be formulated. In one case, for instance, an attack of hay fever could be induced by a piece of watermelon; in another by peaches. Mustard and pepper should be avoided, and occasionally also tea and coffee.

Constitutional Treatment. — Calcium chloride, or preferably, the less irritating calcium lactate, is occasionally of benefit in hay fever. It should be given

in doses of fifteen grains, well diluted, after meals. In cases of hyperacidity, sodium bicarbonate, in the effervescent form should be administered. The dose is fifteen grains three or four times daily. In one of our cases, a seasonal cure resulted from the administration of ten grains of quinine three times daily. In other cases it was without benefit. This would indicate that, in this case, malaria was the predisposing cause, which was corrected by the quinine. In cases associated with asthma, sodium iodide may be administered, the dose being ten to twenty drops of a saturated solution three times daily and well diluted.

**Local Treatment.**—Menthol, in the form of an oil spray is of benefit in some cases of hay fever, but aggravates the attacks in others. Two grains to the ounce of liquid petrolatum is the usual proportion. The following formula gives temporary relief, but tends to establish the cocaine habit:

Epinephrine sol. .... 1-1000  
2% sol. cocaine.....)  
Normal saline solution...) aa fl. 3i

**Sig.:** Two drops into each nostril as directed.

Solutions of cocaine and of epinephrine tend to develop a turgescence of the nasal mucosa which aggravates the hay fever. They should therefore be used only to give relief in severe paroxysms. The epinephrine and cocaine may also be used in the form of an ointment, but should be prescribed with the same precautions as the solution. For the conjunctivitis that frequently accompanies hay fever, 5 per cent. argyrol may be used, or the following may be prescribed:

Sodii biboratae)  
Acidi borici ) ..... aa gr. xv  
Sodii chlor. .... gr. lii  
Aquae dest. .... q. s. fl. ʒi

**Sig.:** For eyes as directed.

(Dispense in Stearn's container.)

**Passive Immunization.**—The first systematic effort to treat hay fever by immunological methods was by Dunbar in

1903. He isolated a substance, which he believed to be toxin, from the pollens and prepared an antitoxin, which he called pollantin, by the injections of horses and rabbits. He claimed that the blood serum of these animals, after a prolonged treatment, had the effect of neutralizing the effects of the pollen. The pollantin is applied to the nasal mucosa or conjunctiva of hay fever subjects, preferably before the beginning of the attack. Although reports of the successful use of pollantin were published for some time after its introduction, many unfavorable reports have since been made. It is toxic to hay fever subjects when injected hypodermically, and Weichardt has demonstrated that it possesses no more therapeutic effect than the serum from which it is prepared. It is no longer used to any extent.

#### JOSUE ON THE USE OF SALICYLATE OF SODIUM.

O. Josue, of Paris, contributes a long article to *Le Monde Medical* for July in which he discusses certain clinical varieties of rheumatic heart disease, and concludes with a suggestion concerning the use of salicylate of sodium. We take an excerpt from his article not because it contains anything new, because this remedy has been in common use. On the other hand, there can be found many a doubting Thomas and it is well to present the method of a man like Josue, who has given the subject careful study. He says:

In attacks of rheumatism supervening in the course of established heart disease, just as in the other forms of cardiac rheumatism that I have just enumerated, it is important to bring to bear the salicylate of soda treatment. We must act promptly and energetically.

We may begin by giving an aperient, then prescribing the salicylate in doses of from 6 to 8 grams a day for several days following. Then the dose may be reduced, giving not less than 4 grams a day for some time, ultimately falling to 3 and then to 2 grams, until we cease it altogether.

In the child we may give about 0 gr. 50 for each year up to six years of age. Above that age up to 15 we can begin with 3 grams a day for a certain length of time, then diminishing the dose.

Salicylate of soda should be given in mixture form. The dose for 24 hours should be divided up and administered at several hours' interval. It is always well to combine an equal quantity of bicarbonate of soda with the salicylate:

|                               |         |
|-------------------------------|---------|
| Salicylate of soda .....      | 15 gr.  |
| Bicarbonate of soda .....     | 10 gr.  |
| Syrup of bitter orange peel.. | 50 gr.  |
| Water .....                   | 250 gr. |

A tablespoonful of this mixture contains about 0 gr. 75 of the drug.

By adding bicarbonate of soda we obviate the risk of gastric intolerance and we are enabled to go on giving the drug without let or hindrance.

The salicylate of soda treatment is, as a rule, applied too timidly, in unduly small doses and not for long enough.

A certain proportion of failures are due to these causes. Rheumatic infection is particularly refractory, and if, when once the symptoms have been relieved, we cease the treatment too soon the infection persists, often in a subacute almost latent state culminating in the long run in irremediable lesions.

It is important for us to bear well in mind that the salicylate of soda treatment is free from danger and that the diffidence manifested by certain patients in this respect is simply absurd.

We must be careful, however, to examine the urine pretty frequently before starting the treatment, proceeding cautiously should it prove to contain albumen. Even so the drug can be given, but in smaller doses, holding ourselves ready to suspend the treatment if required.

We may also make use of the substitutes for salicylate of soda, especially aspirine, 2 gr. 50 or even 3 grams a day in half-gram doses. But, as a rule, salicylate of soda is more active and is better borne by the stomach on condition of its being given in conjunction with bicarbonate of soda.

When there is evidence of cardiac in-

sufficiency, especially in the direction of febrile asystole, it is well to associate digitalis with salicylate of soda. We may order 20 to 30 drops a day of the 1 in 1,000 solution of digitaline in a little water (for one administration) at the same time as the salicylate. This treatment must be continued for a variable length of time, diminishing the dose of one or the other or both drugs.

In cases in which cardiac insufficiency occupies a secondary place, we begin by giving salicylate of soda. But if after a few days cardiac asthenia supervenes we shall even so have to prescribe digitalis.

### A BARGAIN OPERATION.

People kick on high prices but show no earnestness in the kick. To pay a high price seems to be an infatuation. As long as people so willingly pay just so long will high prices continue. The Pharmacal Advance gives a good illustration:

A thin, anaemic woman was accosted by her friend on the street: "Why, Mary, how pale and thin you look! I thought you were going south for your health." "I was," said Mary, "but my doctor has offered me such a lovely bargain in operations—a major operation for one thousand dollars, and, of course, I can't resist that."

Remember that nephritis may be unilateral; remember that nephritis may be present without albumin or casts.

Exercise in nephritis should be very mild and moderate; it increases the albuminuria.—Critic and Guide.

### BRAINS COME HIGH.

"Merciful heavens, man, your bill is outrageous! You are taking four-fifths of my damages!"

"I furnished," said the lawyer coldly, "the skill, the eloquence and the legal learning for your case."

"Yes, but I," said the client ruefully glancing at his injuries, "I furnished the case itself."

"Bosh," answered the lawyer, "anybody can fall down a coal hole."—Mere Play.

**MEDICAL MISCELLANY.****THANKSGIVING, 1919.**

Thanksgiving should appeal to us in this year with sharpened emphasis and fresh significance. The danger with such days is that they will lose their original purpose and meaning and degenerate into conventional festivities and even sport. Thanksgiving, which was formerly observed as an almost exclusively religious day, has gone far in this direction, but the war has touched it with new vitality. A year ago the day followed soon after the signing of the historic armistice that suddenly hushed the guns of strife and was the occasion of a deep and joyous sense and celebration of national deliverance and world peace. This year the day finds us advanced along the necessarily slow and tedious, difficult and dangerous path of working out the great plan and complicated details of the final settlement. The historic Covenant of peace with its included League of Nations that was signed at Versailles is now in the further process of consideration in the chief capitals of the world and is nearing adoption. The nations are breathing a deep sigh of relief over the consummation and are turning from the awful agony and weariness of war with hope and courage to the future.

The vast wreckage of the war is being cleared away, and civilization is again getting under way at its normal business of making a living. Manufacturers are beating swords into ploughshares and spears into pruning hooks, turning munition factories into the means of peaceful industry. Commerce is again throwing its shuttles from shore to shore, weaving the continents and even the recently hostile countries into a common web of life and brotherhood. Men in all lands have their hearts set against war, and in any event the present generation is not likely to see another, and another world war is a remote possibility. All this is a tremendous occasion and cause of national thanksgiving.

We have come out of the war in a vastly better condition than any other of the combatants in the titanic conflict. Because we were in it a briefer time and only went in near the close to deliver the final decisive blow, we have suffered less in men and means and enter upon the work of reconstructive peace with our national capital of manhood and morale and money but little impaired. Our boys are home and are fast returning to their accustomed occupations. A new era is opening before us, and we begin its tasks with unbounded resources and courage and confidence. The old world we feel has been destroyed, and we now set about the gigantic work of building a new and better one.

Thanksgiving calls for both praise and consecration. We should be grateful for what we have received, appreciate the divine benefits, and devote them in renewed faith and service to the kingdom of God.—New Era Magazine.

**DR. L. L. WILLIAMS, OF BRAZIL, KILLED.**

Dr. L. L. Williams, age sixty-two, a prominent physician, of Brazil, was shot and killed by George Muncie, an employe of the Chicago & Eastern Illinois railroad freight department at Brazil, Ind., Nov. 3, 1919, in front of the Schultz-Weinland drug store in National avenue, where the doctor had an office.

The shooting caused a sensation in Brazil. Dr. Williams was regarded as one of the leading physicians in the state. He was physician for the Pennsylvania, Chicago & Eastern Illinois, and the Terre Haute, Indianapolis & Eastern railroads, and several factories. He was county health commissioner and was prominent fraternally and socially. During the war he made several attempts to enlist in the army and purposely gave his age as several years younger. He was rejected several times but went as a volunteer physician to Petersburg, W. Va., where he served in fighting the in-

fluenza epidemic. On his return home he took charge of the fight to stamp out the influenza epidemic in Brazil. He was a member of the Clay county draft board as medical examiner.

Dr. Williams was born in Kentucky and was graduated from the University of Louisville Medical School. He practiced for several years in Jeffersonville, Ind., and came to Brazil in 1898. He was engaged in several business enterprises. He was a member of the Masons, Shriners and the Knights Templars.

He is survived by the widow and daughters, Mrs. Harry Keith, of Denver, Colo., and Miss Catherine, of Washington, D. C. Mrs. Williams and Miss Catherine were in Washington.

#### NOVEMBER.

Nature has now disrobed herself of her summer glory and only a few tattered scarlet rags remain. She has assumed a serious air and a sombre garb. The landscape so recently embroidered and decked with many-colored flowers is now a grey monotone, although here and there are a few spots of color as the hardy fall flowers linger or the corn is piled up in golden heaps. The choir galleries of the birds are deserted of the migrants, but sweet notes are still heard in the woods. The trees swept bare of leaves now reveal their naked trunks as fluted and knotted pillars of strength. Yet November in sombre mood and dress has a wealth of quiet color and rich beauty all her own. There are many shades on the landscape and the trees sharply etched against the sky are picturesque. Nature seems to be dying, but she is only banking her fires against the approach of winter blasts, and will nurse her vitality in secret until it is again wooed by the returning sun and will burst into new bloom and glory.—New Era Magazine.

#### RED CROSS SEALS DRIVE.

Plans have been completed by the Indiana Tuberculosis Association and the

Marion County Tuberculosis Association for the launching of the biggest Red Cross Seals drive ever attempted in the state, or in the city of Indianapolis, according to an announcement made by E. Q. Laudeman, executive secretary of the state organization.

The drive, which is to open December 1, will be for the sale of 27,000,000 Red Cross Christmas seals, the quota for the state being \$270,000 and for Marion county \$26,000. The work of organizing the various committees for the handling of the mail sales has been completed, and Miss Mary A. Meyers, executive secretary of the Marion county society, has appointed a sales division for the sale of health bonds in Indianapolis and the county.

Dr. William Lowe Bryan, president of Indiana University, has been appointed as campaign chairman of the state and D. Burr Jones, of Rockville, has been named as the campaign director. Both Dr. Bryan and Mr. Jones have expressed the belief that the results of the campaign will be all that is desired on the part of both the state and county organization.

The work of the medical profession in past drives of similar nature has been highly lauded by Mr. Laudeman.

"I believe," said Mr. Laudeman, "that the work of the medical fraternity as a whole has been of more benefit to this work than is generally recognized. There are towns and cities in the state which would never be heard from were it not for the effective work of the doctors and surgeons. I cannot express the gratitude this organization owes them."

Among the many things which the state and city organization propose to do with the proceeds derived from the sale of the seals is the advancement of the Modern Health Crusade which has already taken a firm foothold on the schools of Indianapolis and Marion county where it is expected over 50,000 school children will be enrolled before the first of the new year.

The work among the school children has been highly recommended by L. N. Hines, state superintendent of public

instruction, who said that the proper care of child health is as essential in the daily course of instruction as any other subject.

"It is something," said Mr. Hines, "which should find its way into every school in the state and be encouraged both by the teachers and the parents. Upon the children we have coming up now must depend the affairs of the future. The health of the child must be protected." Mr. Hines has strongly urged the furtherance of the health work throughout the state, and has expressed the belief that the state board of education will act on the matter shortly.

Through the efforts of the Marion county association, the fresh air movement in Indianapolis and the county has broadened to an extent that it is possible to care for a great many of the cases needing the service, and it is hoped to still further the work.

#### REVIVAL DISCLOSURES STARTLE HENRY COUNTY.

NEWCASTLE, Ind., October 16.—The little town of Blountsville, twelve miles northeast of here, has a sensation as the result of two prominent citizens of Henry county "getting religion" at a "Holy Roller" revival and when one of the men, a wealthy farmer, was converted he is said to have confessed burning his home and collecting the insurance money, stealing several hogs and killing a mule in order to get the insurance money. To show he is in earnest he will have a sale, at which time he will sell all of his property, both real and personal, and announces that he will pay back the money falsely obtained.

In fact, he is so in earnest that he will join the ministry, he has announced. The night the other man "got" his religion he nearly caused a riot in the tent where the meetings were being conducted. He confessed, according to persons attending the meeting, that he had been friendly with several women and pointed them out in the audience. The husbands made a rush for him, and it is said he was badly mauled. Action for damages

is contemplated by several persons against him, a local law firm having been retained in one of the proposed cases.

The whole northern part of the county is buzzing with excitement because of the disclosures. The farmer's sale is expected to bring about \$25,000.

He said his brother had been attracted to the revival by curiosity because he heard "they were having a lot of fun shouting." After two or three visits he "got the religion," according to his brother, and the confession followed.

The above might well go to the "Lighter Vein" column of the Indianapolis News. The story is in the News items of Oct. 19, 1919. The results and confessions are not unlike those of other and older communities.

A. W. BRAYTON.

#### THE TALE OF A RED-SNAPPER.

By Blanche Bloor Schleppey, Indianapolis.

A red-snapper sat on his watery throne  
And a gay old fish was he;  
And the strifes of the world they ne'er  
disturbed  
His proud equanimity.

And he sat on his throne and snapped  
his snaps  
While the fishes all swam by,  
Awaiting the nets of the fishermen—  
For fishes were born to die.

But red-snapper warily watched his  
chance  
To dodge the deadly net,  
And snapped his fins defiantly—  
And he might have been snapping yet.

But a pirate bold, with a surgical mind,  
Who'd a toothsome taste for fish,  
Had bribed the vendors to search the  
seas  
And fetch him his favorite dish.

So, one fell day, old red-snapper gay  
Was festively lying in state;  
While the pirate bold carved his delicate  
flesh  
And passed him from plate to plate.

Now, he's gone to his red-snapper heav-  
 en, I ween,  
 And his proud, snappy reign is o'er;  
 But there's many a snapper a snapping  
 yet,  
 And the pirate is searching for more.

So all ye red-snappers take warning  
 from this  
 Before it is surely too late:  
 Don't swim far from home—stick close  
 to your throne,  
 And keep a sharp eye on the "bait."

This poem was written for the Jour-  
 nal following a dinner at the home of  
 an Indianapolis surgeon who has a pre-  
 delection for fish. S. E. E.

## TWO LITTLE STORIES OF DAILY LIFE.

### Just Right Whiskey.

Dr. W. G. Downs, an Evansville den-  
 tist, was in Indianapolis the other day  
 and while there a friend of his gave him  
 a small bottle of whiskey. He could  
 not use the liquor for the reason that  
 his nasal organ detected a strong odor  
 of ether in the bottle. He gave the  
 liquor to a colored waiter at one of the  
 Indianapolis hotels. The next morning  
 he asked the colored man how he liked  
 the liquor.

"Jes right, boss," said the dusky one.  
 "It was jes exactly right. If it had  
 been any better you wouldn't have gave  
 it to me and if it had been any worse I  
 could not have drunk it."

### Maybe a Bone Button.

Marcelle's mother has been taking  
 daily treatments of an osteopathic physi-  
 cian. She told at dinner just how the  
 doctor had found a thoracic vertebra  
 that had departed from true alignment  
 in the spinal column.

So, when Benjamin came over to play,  
 Marcelle began thumbing his backbone  
 for a misplaced vertebra.

"Here's one that's gone bad," she  
 shouted triumphantly.

But Bennie was not enthusiastic. "Get  
 away," he said, "that's only a button."

Most of our Indianapolis readers will  
 recognize these two charming stories  
 from the Indianapolis News of Oct. 17,  
 1919.

That one of them is told of a dentist  
 and the other of an "osteopath" only adds  
 piquancy to the incidents. But in any  
 case, how would our readers enjoy hav-  
 ing to "make up" a column of gay little  
 stories or incidents or anecdotes for each  
 of the 313 issues in a year of a great  
 metropolitan newspaper? But a little  
 nonsense now and then is relished by  
 the wisest men.

Those presented by the Indianapolis  
 News are always pleasing and worth  
 reading. A. W. BRAYTON.

## INDIANAPOLIS MEDICAL SOCIETY.

Tuesday, Oct. 14, 1919.

Meeting of the Indianapolis Medical  
 Society.

Meeting was called to order by the  
 president, Dr. C. F. Neu.

Minutes of the previous meeting were  
 read and approved.

Dr. John W. Carmack read a paper on  
 "Mastoiditis at Camp Taylor."

"The object of this paper is a re-  
 sume of 220 mastoids operated at Camp  
 Taylor, during the winters of 1918-1919.

"These cases were of unusual severity  
 compared to the average in civil prac-  
 tice. Most of these followed an acute  
 respiratory infection, such as influenza,  
 measles, streptococcus sore throat or  
 tonsillitis and scarlet fever. The organ-  
 ism found in the majority of cases was  
 the haemolytic streptococcus, with some  
 showing a non-haemolytic streptococcus,  
 staphylococcus, pneumococcus and a  
 diphtheroid bacillus. It seems the in-  
 fluenza, measles, etc., paved the way for  
 more virulent infection. A striking fea-  
 ture in most cases was a previous his-  
 tory of pathology in the nose and throat.  
 The symptoms of mastoiditis, particularly  
 pain, were very mild, but bone and tis-  
 sue destruction was rapid and extensive.  
 An early diagnosis and early operation  
 was imperative to prevent serious com-  
 plications. Several cases were operated  
 during active respiratory inflammation,

measles, etc. The x-ray was a valuable aid in diagnosis. Nitrous oxide-oxygen anesthesia was the most satisfactory anesthetic used.

"The operation done was a very complete removal of the entire mastoid area, including the tip of the mastoid process. Best post operative results were had where the dressing consisted of gauze saturated with a 2½ per cent. dichloramine T. in oil. The average healing time was 5 weeks. The mortality in this series was 5½ per cent."

Dr. C. H. McCaskey said in discussion that low mortality shown was to be complimented. Such virulence as described by the essayist was not found in civil life. Such epidemic was probably due to lowered vitality incident to camp life. The care shown caught these cases early and thus lowered the mortality. More sinuses were infected following flu than was ordinarily suspected. He thought the mastoid involvement in middle ear infections might be due to the high pressure of gas before the drum is opened forcing the infection into the mastoid. Careful inspection of all ears following measles was urged.

Waiting for pain before diagnosing mastoiditis is a dangerous thing.

X-ray is valuable aid in diagnosis and should be made frequently and by an expert. A quick stopping of discharge following a paracentesis should be watched carefully. The earlier a mastoid is operated the more hearing you preserve.

Dr. Wright said diagnosis is not a simple matter. The bulging posterior portion of the external canal and an indefinite headache point strongly to mastoiditis. He places little importance in x-ray diagnosis. The complete removal of the mastoid is best from all standpoints. Advocated dry dressings.

Dr. Tomlin emphasized the point that all mastoiditis was not surgical. He said every case of otitis media has as a part of it a mastoiditis. Said a man in private practice would not see so many cases of mastoiditis as was described by Dr. Carmack.

Dr. Padgett called attention to the

fact that a large number of abdominal pus cases were seen by him during the flu epidemic and wondered if it might not have gained entrance through some of the sinuses.

Dr. Overman emphasized the fact that all mastoiditis was not surgical. Operation in some cases is wrong. Large majority of cases recover without operation. In private practice most cases do not follow infective diseases but are mastoiditis per se.

In closing Dr. Carmack said early drum incision is best procedure.

The x-ray benefits depend upon the man interpreting the findings. In doubtful cases it is very valuable.

Dry dressing is often useful but on the whole not as satisfactory as the moist. Meeting adjourned.

Attendance 57.

DR. A. L. MARSHALL,  
Secretary-Treasurer.

#### DOCTOR'S WAYSIDE STORIES.

Collected by Jane Janus.

##### Medical Calls By Aeroplane.

Dr. H. G. Grayble of Kokomo telephoned Dr. J. F. Barnhill that he could not meet him as per arrangement at 2 o'clock. It was then noon. At 1 o'clock Dr. Grayble presented himself at Dr. Barnhill's office. Dr. Barnhill was at a loss to account for it and thought he was the subject of a joke. Dr. G. said, "I came in an aeroplane." Then Dr. B. felt sure that he was the butt of ridicule until Dr. G. explained that one of his patients had an aeroplane and that he had in the past forty minutes come from Kokomo, visited a patient at the Methodist Hospital and was an hour ahead of his engagement with Dr. Barnhill. This is the first instance in Indiana of which we have heard where a doctor practiced medicine by this means of transit.

##### Psychology and a Skeleton Story.

In a remote corner of the Occidental Cafeteria, which very recently, for ap-



propriateness and brevity has been called the Mermaid Inn, Charles and Martha Phister saw a group of doctors in earnest conversation. Someone suggested that the discussion was on Bolshevism but upon investigation C. and M. found that an effort was being made to solve a problem in psychology. Two years ago Miss P. H. related the following story to a doctor:

"A gaunt and hungry looking doctor, quite tall but weighing only 120 pounds, had been annoyed by a newsboy coming into the office each evening and crying 'Want a paper tonight?' So to play a joke on the lad the doctor put an articulated skeleton in his chair at the desk and hid himself in the closet. The boy came as usual but ran away very much frightened. The doctor became conscience stricken, put his head out of the window and called to the lad, 'Come back. I will buy a paper!'" The boy yelled back, "You can't fool me, I know you even if you have got your clothes on."

The doctor who related the circumstance said that he had asked Miss H. several times during the year to repeat the story, but neither of the two could remember anything about it except that it was a funny story. Today, two years having passed, Miss H. phoned me the story.

"What I want to know is something about the psychology of the circumstance," said the doctor.

Jane Janus, the collector of the *Wayside Stories*, was just entering the room and since she had read the 12 volumes on psychology put out by the *Literary Digest* last July, she was asked to take a seat and give an interpretation. She gave the information from her viewpoint as follows:

"Consciousness abides for an instant only. There is in subconsciousness an impression like the film from which a picture may be produced, by nerve action, of the things past and present. Laws of association and dissassociation come into play. There may be a forgetfulness but like the teaching of philosophy nothing is lost and perhaps an

associated idea may be required to make a recall, or the impression of an action in the past may return to our mind voluntarily. Upon the things which to us have an important bearing we concentrate our attention directly and with emphasis and hence they are in our conscious memory, but the things which are trivial and are only given a passing thought and are dissassociated are put away in our mental casket of forgetfulness to be utilized at a future day or year. Why such thoughts relating to past experiences are called into action seems strange and while seemingly it may be voluntary yet it may have been caused by an associated idea as the resemblance to a bird, flower, or the appearance of some object or perhaps a link in some conversation. If the circumstance in past experience is stronger than the thing which suggested it the linking of the two does not perceptibly take place and the 'suggesting idea' is of lesser importance and is itself passed with subconscious forgetfulness."

The inquiring doctor said, "It is now clear as mud to me, but to think it took a woman to enlighten us; but the Bible says, 'A little child shall lead them,' then why not a woman?"

#### Shortcomings of Age.

One of the older doctors who was found in deep meditation was aroused by two doctor friends by the interrogatory, "What! are you in John Bunyan's slough of despond?" He replied, "No, I am thinking of the unpleasant things that sometimes happen in life. I know two men who died at the age of 75 and both feared the poorhouse; their estate inventoried \$200,000. On the other hand I met two men on the street today that were once wealthy, but today are drinking the dregs of poverty. Dr. Byford Ryan, now dead, went to the Indianapolis police station and found an old acquaintance, a university graduate, once in possession of wealth but he had reached a stage of misfortune and poverty and the police dragnet caught him. Read out loud this little poem that Dr. Ryan gave me. It describes the condition of the

man he found at the police station. He gave it the title, A Derelict:

Yes, yer honor, 'tis granted I'm feeble,

I'm decrepit and aged and gray;

You may say that I'm indigent, lonely,

That I'm lame—I'm the sport of decay;

That I frequent haunts of the hobo,

That I've sometimes been known to im-  
bibe

Of the bowl that both cheers and de-  
stroys us;

But I'm not of the Ishmael tribe.

Now, the day is far gone when the coun-  
try

Accepted the offering I gave,

Then I marched with the virile at twenty

And fought with the brave 'gainst the  
brave.

Yes, I know, Judge, you look with ab-  
horrence

On this derelict object so low;

But I've sung, in my heart, with old Vir-  
gil

In his "Arma virunque cano."

Once I led, sir, the blooming sweet maid-  
ens

And my masterful boys through the  
maze

In their struggles with Caesar and Virgil,  
Or with Horace and Sallust. Through  
days

Of delight and of toil we have wandered  
Where old Pliny and Cicero led—

But those days are long past, now, your  
honor,

And I loiter, the officers said.

#### Envoy.

I have felt, sir, the sting of the law's  
condemnation,

When my deeds and my conscience  
were spotless of blame;

For, I knew not 'twas crime to be aged  
and helpless,

Or to seek independence, though halt-  
ing and lame;

Yet, I hold not you wantonly did an in-  
justice,

Or maliciously smirched a defenseless  
old man,

For, as soon as you knew that injustice  
was meted

You wiped off the record and lifted 'the  
ban.

#### TRANSMOGRIFICATION.

A young doctor who was called on for a story at a fraternity smoker replied: "I cannot tell anything original, nor do I know the source of the one for which I will ask your indulgence. An old colored lady was heard to repeatedly call a little piccaninny whose hand she held. Diploma. When asked the reason she replied, 'Because it is the child's name.' 'But where did you get such a name.' 'Well, my daughter went down to a school in Kentucky and this little chap is what she brought home with her, so I calls him diploma'."

#### AN APPEAL FOR HUMAN EMBRYOLOGICAL MATERIAL.

St. Louis, Oct. 18, 1919.

Dr. S. E. Earp, Editor Indianapolis Medi-  
cal Journal, 634 Occidental Bldg., In-  
dianapolis, Ind.

My Dear Dr. Earp:—I am sending herewith an appeal for human embryological material, which through publication in your valued journal will no doubt assist me in accumulating a larger material for further research in a problem which has engaged my attention for many years, and which has awakened some interest in American and European investigators.

Trusting that you may be able to aid me in further research by giving the matter early publication, I am,

Sincerely yours,

W. W. GRAVES.

An appeal for human embryological material by W. W. Graves, St. Louis.

In 1906 I observed certain malformations of the human shoulder-blade, and in contributions to current literature I have given them the collective name, "the scaphoid type of scapula," and pointed out some of its hereditary, clinical and anatomical significance.

Probably the most important observation connected with this type of scapula in man is its age incidence, that is to say, it occurs with great frequency among the young and with relative infrequency among the old. There appear to be two possible explanations of this fact: Either,

A. One form of shoulder blade changes into the other during development and growth, or

B. Many of the possessors of the scaphoid type of scapula are the poorly adaptable, the peculiarly vulnerable, the unduly disease susceptible—the inherently weakened of the race.

I have attempted to answer these questions by seeking evidence in various directions and one of the most important of these has been a study of intrauterine development of shoulder blades. My investigations in this direction have been limited by the material at my disposal, which has been inadequate for a definite solution of this phase of the problem. I am, therefore, appealing to physicians for fetuses in any and all stages of human development.

It is desired that the material, as soon as possible after delivery, be immersed in 10 per cent. formalin in a sealed container, and be forwarded to my address, charges collect. Due acknowledgment will be made to those forwarding material.

727 Metropolitan Bldg.

#### A SHELBYVILLE DOCTOR'S LIBRARY.

A social evening was spent at the office of Dr. Walter McFadden, Shelbyville, Ind., Oct. 9. It is especially noticeable that the physicians are very sociable with one another and always full of good cheer. Dr. McFadden has three libraries, one at his home, one with an outlay of modern publications in his consultation room, and in the waiting room there is a large glass case occupying one side of the room completely. It is a reference library of scientific, medical and literary works. In it there are 900 books. Some are quite old but are good for reference, such as Kane's Chemistry, Ramsbotham's System of Obstetrics by Keating, Wilson's Anatomy, Dunglisch's Materia Medica and Therapeutics and early volumes of Montague's works, Shakespeare, Dickens, Hood, Rise and Fall of the Roman Empire, Scott's, Swift's and Cooper's works and also a great many volumes of medical journals. Up to a certain date there are com-

plete sets of Harper's Magazine, Putnam's Magazine, Atlantic Monthly, Knickerbocker, Blackwood's Magazine, all of which are well bound. There are hundreds of others of equal value.

The father of Dr. McFadden was a book collector and most of this library belonged to him. This library is an index to the man. The present Dr. McFadden has not so completely kept up the library. Many of these books cannot now be purchased at any price.

To those who are writers or those otherwise interested in literature this item should be of some importance. The "literary searcher" is always welcomed by Dr. McFadden.

#### TEACHING OF SEX HYGIENE.

There seems to be much opposition relative to the teaching of sex hygiene in the public schools. As in many other things the dereliction of duty on the part of parents or guardians suggested the idea that this was the only method by which children could be informed concerning the things about themselves that every child should know. At the proper age of the child it becomes the duty of every parent to give such instruction. No one can take a child in confidence better than its own relatives. It can be done by mouth or by many of the books which are couched in simple language so that any child ten years of age can easily understand. Physicians have a duty to perform which is to convince parents that their children should be taught sex hygiene at home. Very recently the Indianapolis News had this to say editorially:

"There will be general indorsement of the action of the Indianapolis Federation of Parent-Teacher Associations in opposing the teaching of sex hygiene in the public schools. Members of associations who unanimously voted for such a resolution said that sex hygiene should be taught by the parents, in the home, and that such instruction should begin early in the life of the child. The decision that sex hygiene has no place in the public schools places a heavier responsibility on parents. If

they dodge their duty in the future as they have done in the past they will have done nothing to instruct the children in things that should be known and they will have barred an avenue of instruction that might be opened through the medium of the schools.

#### MEETING OF THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The association met at Louisville, Ky., Oct. 22, 1919. Doctors Virgil H. Moon, Henry O. Mertz, Raymond C. Beeler and Homer G. Hamer, all of Indianapolis, and others read papers before the assembly of delegates. Dr. F. B. Wynn, of Indianapolis, who also read a paper, was elected president of the association for the coming year. Other officers chosen were: First vice president, Dr. C. W. Dowden of Louisville; second vice president, Dr. Frank Smithis of Chicago; secretary, Dr. H. E. Tuley of Louisville; treasurer, Dr. S. C. Stanton of Chicago. Dr. Tuley was re-elected for the twenty-first time. It is believed that the next annual meeting will be held in Chicago, the decision in the matter lying with the officers.

Dr. E. C. Barnett of Fort Wayne, speaking informally, startled his professional colleagues with his theory for developing further uses to which the gland secretions might be put. He asserted these secretions, if taken from a human body within three hours after death, can be preserved indefinitely. In the not distant future, he asserted, these gland secretions may be administered to patients in capsules or made to serve the purposes of life extensions through hypodermic injection.

#### THE PUBLIC PLAYGROUND.

Every town needs a public playground, not merely as a place of amusement and entertainment, but as one of the most valuable of all means for securing vigorous physical development.

Play is Nature's universal gymnastics. The young of all wild animals play. The mother cat teaches her offspring through play. The squirrels play. The puppies,

the colts, the calves in the pasture, the lambs and the little pigs play. And older creatures, even work-horses, when let out for a lark in the pasture, indulge now and then in sportive games.

City children have no place for play. Country children are often allowed no time for play. The playground with its trained director and educative gymnastic games is as much a necessity as a town library.

See that your town has a playground. It will pay good dividends in sturdier boys and girls, less business for doctors and undertakers, and a finer type of manhood and womanhood in the rising generation.

The National Playground Association has organized a "Play Drive." Help it along.—Good Health for August.

The playground system has been carefully looked after in Indianapolis. It has proved a benefit.

#### DANGEROUS OCCUPATIONS—LEAD POISONING.

According to the report just made by Dr. Alice Hamilton of the Bureau of Labor, Statistics, United States Department of Labor, women are more susceptible to lead poisoning than men and their children suffer from this occupational poison. Dr. Hamilton is the first woman of the faculty of Harvard University and as associate professor of industrial medicine her report has attracted much attention.

In Great Britain women are barred from the most dangerous lead work because it has been found that they are more susceptible to lead poisoning than men. The German theory is that women are not more susceptible to lead poisoning than men because of their sex, but because, as a rule, women are undernourished and have the additional work at home to carry on. The German theory seems to be borne out by the facts in the pottery industry of the United States, according to the New York Tribune, for while a much larger proportion of women than men were suffering from lead poisoning in the East Liverpool and Tren-

ton districts it was also found that in these districts the men were well paid and had good living conditions, while the women were underpaid, poorly housed and fed.

Dr. Hamilton's report points out that "women who suffer from lead poisoning are more likely to be sterile and to have miscarriages and stillbirths than are women not exposed to lead. If they bear living children these are more likely to die during the first year of life than are the children of women who have never been exposed to lead.

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#### NEWS ITEMS.

Major Donald F. Stone, son of the late Doctor R. F. Stone of Indianapolis, was a chief press censor connected with the American forces in France. Major Stone is a nephew of Mrs. Robert W. Long, who with her husband were founders of the Long Hospital of Indianapolis.

Major Stone left the United States in June, 1917, and was made a member of the American bureau of censorship which operated in connection with the French and other allied censorships. His work was so successful that he was made chief censor for the press at La-Bourse, Paris, where he served until August, 1918, when he was made a captain. He was ordered to Chaumont, General Pershing's headquarters, for duty as assistant to the chief of the G. Q. D., the press and censorship division of the intelligence section of the general staff. Here he was in charge of the field press censors as chief, in December, 1918. Major Stone received special citations from General Pershing. His work was also appreciated by the French censorship department, as he was successful in dealing with matters involving divergency of policy, language and general mental viewpoint among Americans and the allies. Before entering the service, Major Stone was an instructor at Princeton University.

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Dr. Eugene Buehler, who had the rank of major in the army has returned to Indianapolis. He left Indianapolis

in December, 1917, and after five weeks at Ft. Riley became division surgeon at Camp Travis, Texas. Later he became camp surgeon and was then permanently made sanitary inspector for the camp which position he held until his discharge, Oct. 25, 1919.

Dr. Bushler practiced medicine in Indianapolis for a number of years and his present office is 416 Indiana Pythian building. He was formerly city sanitarian and assisted in the tuberculosis clinic at the University School of Medicine. During his absence his work as business manager of this journal has been looked after by Dr. A. R. Keller.

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Dr. Charles Fremont Taylor, editor of the Medical World, died at his home in Philadelphia Nov. 5, of heart disease. He formerly lived in Indianapolis and had an office on Virginia avenue near Prospect street, where he practiced medicine for six years following his graduation with the first class of the Central College of Physicians and Surgeons in 1880. Dr. Taylor was 63 years old. He at one time lived in Putnam county and was a student of Dr. G. C. Smythe of Greencastle. He is survived by a widow, Mrs. Amelia Taylor, one brother, Newton M. Taylor, of Indianapolis, and one sister, Mrs. Conner Jones, of Ocean City, N. J.

Dr. Taylor was a successful medical journalist and was an ex-president of the Editors Association. He was the author of several books. In 1910 Dr. S. E. Earp entertained Dr. Taylor at his home in Indianapolis and a reception was given to which the members of the Indianapolis Medical Society were invited. In friendship Dr. Taylor was unwavering, he was a good physician and one of the best of men.

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Dr. L. D. Carter, who was colonel, Medical Corps, U. S. A., has become medical director of "Norway's" Hospital for General Diagnosis and Nervous Diseases. Dr. Albert E. Sterne, a member of the faculty of the Indiana University School of Medicine and a member of the

National Council of Defense, is chief of staff. This institution is located at 1820 East Tenth street.

Dr. V. D. Keiser, formerly interne at the city hospital and lieutenant of 84th Div. of the army, is now pathologist at the Peoples Hospital, Akron, Ohio. He formerly lived at 2946 Kenwood avenue, Indianapolis.

Dr. Joel T. Barker, 71 years old, died at his home at Danville, Indiana, Oct. 11, 1919, of spinal meningitis. He was one of the oldest and best known practitioners in Hendricks County, having located at Brownsburg a short time after the civil war. He moved to this city after being elected county treasurer and served in that position four years. At the time of his death he was president of the Public Library board and a director of the First National Bank. Besides the widow, he is survived by five children—Ornan, of the Bobbs-Merrill Company, Indianapolis; Dr. Thomas R. Barker and the Misses Ethel, Edith and Harriet Barker, all of this city.

Dr. Barker was an uncle of Drs. Rilus and Thomas Eastman.

Dr. H. A. Reed, age 47, of Fort Ritner, Ind., died near Albuquerque, N. M., Sept. 11, 1919. He graduated from the Central College of Physicians, Indianapolis, in 1904.

Dr. T. F. Brown, aged 75, of Sanford, Ind., a veteran of the civil war and a prisoner at Andersonville, died Sept. 1.

Dr. Thomas L. Sullivan has opened an office in Suite 55, Willoughby building.

The fight to be made this year by the Indiana Tuberculosis Association to eradicate tuberculosis will require the association to raise \$270,000. Dr. William Lowe Bryan, president of Indiana University, will lead the campaign.

Harry C. Moore, aged 45, a well known and popular business man of Indianapo-

lis, died Oct. 6, at his home of uremia. He was president of the Pitman-Moore Company and a member of the Scottish Rite Masons, Mystic Shrine and many other organizations.

Dr. J. E. P. Holland is official physician of Indiana University at Bloomington, Ind.

Drs. W. F. Molt and D. F. Berry spent a month in New York doing post-graduate work.

Drs. A. E. Guedel and Charles Cabaltzer have been appointed consultant anesthesiologists on the city hospital staff.

Dr. C. N. Frazier has returned from service overseas and is now in New York taking a course in dermatology. Upon his return he will take charge of the department of dermatology at the radium laboratory of Drs. T. C. and W. H. Kennedy, 709 Hume Mansur Bldg.

Dr. Roy Lee Smith has opened an office at 721 K. of P. Bldg., with practice limited to genito-urinary diseases. He is a member of the city hospital staff.

Dr. W. J. Hurt of Waynetown, Ind., died October 8, 1919, following a ten-day illness of pneumonia. Dr. Hurt was 69 years old, and graduated from Rush Medical College in 1873, having practiced medicine in Waynetown ever since that date. He leaves one son, Dr. Paul T. Hurt, who has an office at 406 Hume-Mansur Bldg., Indianapolis.

Miss Mary A. Meyers, of Indianapolis, was elected president of the Indiana State Nurses' Association, in convention at the Claypool hotel October 9th. Other officers are: Miss Margaret Parker, South Bend, first vice-president; Miss Rose Thomas, Wabash, second vice-president; Miss Grace Moorehouse, Lafayette, secretary; Miss Josephine McManus, Crawfordsville, treasurer.

Miss Meyers is executive secretary of

the Marion County Tuberculosis Association and vice-chairman of the nurses' section of the National Tuberculosis Society.

Dr. M. T. Jay, of Portland, was elected president of the Eighth District Medical Society at the annual meeting of the organization held at Muncie, Ind., Oct. 16, 1919. Other officers are: Charles A. Botkins, Farmland, vice-president; C. A. Ball, Muncie, secretary-treasurer. The society voted to hold its 1920 meeting in Muncie.

Peru was named as the next semi-annual meeting place of the Eleventh Counselor District Medical Association at the close of the twenty-fifth semi-annual meeting at Wabash, Ind., October 16. One hundred and fourteen were served at the evening banquet after which Dr. C. H. Good, of Huntington, spoke on "The Doctor in the War," and Dr. George Richardson, of Vanburen, spoke on "Personalities." Dr. McCullah, of Logansport, newly elected president of the Indiana State Medical Society also gave a short talk. Musical numbers during the evening were by Miss Bernice Jones, Miss Helen Gordon, Miss Constance DeArmond and Miss Josephine Gentry.

Dr. C. L. Rudesill, formerly interne at Long Hospital, has been appointed an assistant in the medical clinic at the dispensary and has his office for the general practice of medicine at 408 Hume-Mansur Bldg.

Dr. Charles R. Sowder, who held a commission as major in the army, has returned to Indianapolis to practice medicine.

Dr. Sowder was one of the first local physicians to enter the military service during the world war. During his time in the army, twenty-three months of which was spent in France, he was twice recommended for promotion to the rank of lieutenant-colonel, but the recommen-

dation was held up because of a general war department order refusing further promotions in the American expeditionary force.

VERNON, Ind., Nov. 4.—Dr. W. H. Richardson, 67 years old, died very suddenly of cardiac dilatation at Vernon, Ind., Nov. 3. He was a well known physician of southern Indiana. The widow, two children, Dr. Ray Richardson and Mrs. George Jordan of North Vernon and a brother, Jess Richardson, of this city, survive,

Dr. Joel Whitaker, who was confined to St. Vincent's Hospital on account of the readjustment of an ancient leg injury, has resumed his practice at 603 Hume-Mansur Bldg.

Wm. H. Rathert, formerly with George Sloan, druggist, Indianapolis, in 1900, now of Fort Wayne, visited Indianapolis in November on account of the death of his son, Ogdon Rathert. Mr. Rathert once owned the drug store on the southeast corner of Illinois and Ohio streets.

Dr. Charles E. Scott of Wichita, Kan., has been visiting in Indianapolis, after an absence of thirty-nine years. He attended the old Indiana Medical College in 1878 and was a member of the first class graduated from the Central College of Physicians in 1880. He and Dr. F. B. Wynn were students at DePauw University at the same time. Dr. Chas. F. Taylor, editor of the Medical World, Dr. J. H. Oliver and Dr. Frank Morrison of the faculty of the Indiana University School of Medicine, were students in the Indianapolis Medical Colleges. All members of the faculties at that time are now dead, including DePauw, with the exception of Dr. A. W. Brayton, who was professor of chemistry in the Central College of Physicians and Surgeons in 1880. Dr. Scott has visited several of the larger cities and paid a high compliment to the New Medical College and Long Hospital in Indianapolis as the best equipped of any that he had seen.

## BOOK AND JOURNAL REVIEWS.

**Collected Papers of Mayo Clinic, Rochester, Minn.** Edited by Mrs. M. H. Mellish. Volume X. 1918. Philadelphia and London. W. B. Saunders Company. 1919.

To the general practitioner the papers on the alimentary canal are the more important especially the papers on the relationship between tonsillar infection and recurrent vomiting; the artificial feeding of infants is especially good on account of the simple and not too extensive modifications of cow's milk.

The studies of liver, gall-bladder and peptic ulcers are very extensive and very conclusive especially the paper by W. J. Mayo, who sums up his paper by advising splenectomy as a ready means of reducing a sub-normal liver of its overload.

The conclusion of the paper on radiographic diagnosis of renal tuberculosis is that positive evidence may be obtained by this when all other methods fail.

The summary of the forty-four cases of diverticula of the bladder shows thirty-four living which shows that this condition is very much more common than has been realized and also that it is very amenable to surgical treatment.

The paper of W. A. Plummer on the blood picture in exophthalmic goitre seems to disprove the prevalent idea that an anemia of the chlorotic type is characteristic, but that is always due to secondary changes.

The most important thing pointed out in cancer of the thyroid gland is that in 46 per cent. of these cases no evidence of cancer was present. Another thing recommended is to immediately operate for increased rapidity of growth in a nodular thyroid.

In the paper on splenectomy following radium treatment for myelocytic leukemia; these points are prominent; first if removed early the mortality rate was not so high; second, the patient was more comfortable; third, that the duration of disease is not changed by splenectomy.

In cardiac diseases the operative risk is summed up and four things are mentioned: the immediate operative risk; probable improvement after operation; the patient's relatives chances of life and death and less serious cases the question whether or not the relief will justify the added risk.

The chemical composition of food as it affects the blood is mentioned, that is the increase or decrease of cholesterol. In persons predisposed to carcinoma, an increase of cholesterol and decrease of lymphoid defense on certain diets may result in the development of carcinoma. It seems evident that dietetic measures may sometimes prove valuable in the treatment of this disease.

In cases of papulonecrotic tuberculid and erythema induratum, surgery was not a success but good results were obtained by use of arsphenamin in combination with a systemic regime and X-ray treatment.

The review of roentgenology in the treatment of syphilis shows the rays to be of especial benefit in hereditary syphilis of children especially in the form of headache, snuffles, mental backwardness and skeletal asymmetries, etc.

The problem of war syphilis to be effective must have publicity and the laws, rules and have penalties for nonobeyance. We must have an earlier and more efficient diagnosis, prompt and more effective treatment and a new era of public enlightenment and co-operation so therefore from the medical profession the means to make new laws and modern methods effective, must be recruited.

In epidemic poliomyelitis a pleomorphic coccus has been isolated and demonstrated in all cases of poliomyelitis in different epidemics and in widely separated districts.

Cultures of this organism can be made after many months that were placed in 50 per cent glycerol. These cultures injected in guinea pigs produce same lesions that occur in the brain of human.



Rosenow's experiments with horse-serum seem to have given wonderful results but we might say that not enough time has elapsed to give any definite conclusions.

The only results obtained by the use of radium on neoplasms of nose, throat and mouth which are unoperable are that patients are made more comfortable and a possibility of prolonging life.

Fractures of neck of femur are taken up in a very able manner. He uses four methods and especially advises us to break up an impacted fracture and readjust it.

Especially good is the paper on "Tetanus and the War" and the old theory is that "an ounce of prevention is worth a pound of cure" is markedly emphasized.

O. T. S.

**The Surgical Clinics of Chicago, August, 1919.** Volume 3. Number 4 with 117 illustrations. Published by W. B. Saunders Company, Philadelphia and London. Price per year: Paper, \$10; cloth, \$14.

The world war was a great innovation for surgery and the publication neglects no opportunity that will give its readers the best of any subject that is before the profession. The illustrations are very appropriate and hence helpful in each case reported. Much of the work is condensed yet no salient point is lost. This issue is a splendid presentation. We give a summary of a few of the topics.

**Epithelioma of the Lower Lip, by Dr. Arthur Dean Bevan.**

"Technic of plastic operation on lower lip for carcinoma under local anesthesia; operation of palliative in the majority of cases in the presence of glandular involvement; epithelioma of lower lip not suitable for X-ray treatment without surgical removal; importance of excision of carcinomatous tissue en bloc."

**Methods of Examination in the Diagnosis of Abdominal Tumors, by Dr. Daniel N. Eisendrath.**

"A general review of the information to be gained by physical examination in the presence of abdominal tumors; im-

portance of the clinical history; inspection; points to be noted; palpitation; importance of percussion in the examination of hollow viscera; auscultation; special methods."

**A Case of Vesicovaginal Fistula, by Dr. Herman L. Kretschmer.**

"Vesicovaginal fistula following hysterectomy for fibroids; diagnosis; methods of locating vaginal and bladder openings; importance of careful cystoscopic exploration in the differentiation from ureterovaginal fistula; complications; their treatment; technic of operation for closure of vesicovaginal fistula; postoperative result in present case."

**Technic of Abdominal Section, by Dr. Edward H. Ochsner.**

"Laparotomy for adnexal disease; preparation of field of operation; scrubbing with soap and water followed by alcohol the best method as a rule; abdominal exploration; removal of left adnexa; temporary ventrosuspension of the uterus; closure of abdominal incision."

**Breech Presentation—Management, by Dr. Charles B. Reed.**

"Nephritis in pregnancy as an indication for emptying the uterus; technic of extraction; importance of maintaining correct position of operator's hands while delivering the baby's arms; technic of pubiotomy; its advantages; conditions under which it becomes the operation of choice."

S. E. E.

**Quarterly Medical Clinics, April, 1919.**

**A Series of Consecutive Clinical Demonstrations and Lectures, by Frank Smithies, M. D., at Augustana Hospital, Chicago.** Published by Medicine and Surgery Publishing Company, Inc., St. Louis. Price \$1.50.

Much space was given to the last issue on account of its worthiness and this one opens with patients illustrating ailments complicating epidemic influenza, which at this time is especially apropos.

The first patient is a middle-aged farmer who was brought to the hospital on account of weakness, mental cloudiness, drowsiness and anorexia.

The illustrations of the chest are made

by X-ray and there is a chart showing clinical course of epidemic encephalitis. The fourteen illustrations on pages 197 et sequor are works of art.

On page 205 there is given a magnesium-sulphate test for globulin in spinal fluid. It is:

Two c.cm. of a saturated solution are placed in a small test-tube. By means of a graduated capillary pipette, one c. cm. of freshly obtained, centrifugalized, spinal fluid is carefully layered upon the magnesium-sulphate solution. A positive reaction is manifested by a pearly gray ring at the contact zone between spinal fluid and reagent. It should appear within five minutes to signify the positive test for globulin. The test is negative in normal spinal fluid and positive in infectious ailments of the brain and spinal cord.

On page 283 a case is given of a man a car painter, who enters the hospital on account of extreme weakness, dyspnea on slight exertion, swelling of his ankles, unexplainable nausea and a change in the color of his skin.

An illustration is given of the thorax of a patient affected with severe anemia in association with chronic lead poisoning. Diagnostically we are justified in concluding that we have to deal with an instance of advanced anemia and its systemic consequence, the etiologic factor of which seems to be chronic lead poisoning. This anemia exhibits characteristics of a "primary" progressive, hemolytic anemia. In view of our knowledge with regard to the significance of focal infections respecting grave anemias and in consideration of the facts that in this man evidences of focal infection exist in the nasal cavity, about the teeth and in the gums and in the gall-bladder, it is not possible to say that without the etiologic factor of thirty-five years' work with paint and in a paint-dust laden atmosphere this severe anemia would not have developed in this patient.

The following laboratory tests are given on page 310:

Congo-Red Test for Free HCl in Gastric Contents.

Hemin Crystal Test (Teichman).

Capillary Pipette Method for Estimating Coagulation Time.

The case of a middle-aged pharmacist who seeks relief from obstinate constipation and severe cramp-like abdominal pains.

(1) From the Clinical History—a male in middle life of good habits and excellent general health, within a year develops obstinate constipation—an unusual experience with him. This constipation is progressive in degree and eventually amounts practically to obstruction of the bowel. Recently this obstruction has become associated with colicky abdominal pains, gaseous distention of the abdomen, hemorrhoids, afternoon temperature, with possible night sweats, months since there was seemingly a nausea, dysuria and weight loss. Two copious hemorrhage from the bowel, manifested by melena.

(2) From the physical examination shows general undernourishment; infected gums and roots of teeth; myocardial weakness, abdominal distention, especially pronounced over the large bowel and particularly the descending portion of the large bowel; an irregular, tender, partly fixed, poorly defined tumor in the lower left abdominal quadrant; on rectal examination a large prostate, thickening and stiffening of the wall of the upper rectum and lower sigmoid with anterior fixation of the bowel causing sharp angulation at this point and almost complete obstruction. The area of rectal infiltration bleeds easily upon manipulation. There are evidences of superficial ulceration; the veins are pronouncedly dilated and varicosed.

(3) From the Clinical Laboratory Examination—Diminished gastric acidity with good motility; stools containing much blood, but no parasites; mild anemia of secondary type, Wassermann test negative; roentgen studies show dilatation of the cecum with moderate retention, and obstruction of the lower sigmoid and upper rectum; this obstruction is caused by an irregular tumor infiltrating the walls of the gut and fixing the walls of the sigmoid and rectum ante-

riorly, possibly in the region of the urinary bladder.

A case of an aged southern merchant with the complaint of obstinate "Tic Douloureux," "Chronic Rheumatism," and Recent loss of weight and strength.

(1) From the Clinical History—An aged Southerner giving a clinical history of articular rheumatism, malaria, and rather loose living; for five years indications of a rather pronounced "tic" of the muscles of the right face and neck this affection being aggravated by mental and physical stress. It has not been painful at any time with the exception of such periods coincident with muscular fatigue. The facial "tic" has been aggravated by much local treatment. Within the year have developed dyspnea on exertion or excitement, precordial distress, recognizable cardiac pulsations—the pulsations being carried into the right neck and face; weight and strength loss; pain in the right shoulder and arm, and psychically, apprehension and melancholy.

(2) The physical examination shows psychic instability; dyspnea, laryngeal irritation; speech disturbances; increased lacrimation of right tear gland; chronic nasal obstruction; infected gums and roots of teeth; increased salivation; partial paralysis of muscles of expression on the right side of the face; no tenderness over nerve trunks or nerve exits; distended, prominently pulsating right carotid; rheumatoid myositis; pulmonary emphysema enlarged heart and right portion of aortic arch with atypic heart sounds; general arterio-sclerosis with moderate arterial hypertension, enlarged liver; distended gall-bladder; inguinal herniae and neurologically increased peripheral reflexes.

(3) From the Laboratory Examination—Moderate anemia, apparently of "secondary" type; suggestively positive Wassermann reaction; albuminuria associated with the presence of casts; deficient gastric secretion but normal emptying rate, and roentgenologically, cardiac hypertrophy and dilation with aneurysm of the thoracic aorta; enlarged liver and gall-bladder shadow of increased opacity.

The treatment given was as follows: This man was put to bed and kept there. Cardioresenal, as well as liver functions, was improved by means of a strict Karell dietetic regime. Mentally, this patient was kept in a less excitable state by the exhibition of small doses of strontium bromide. The cardiac dilation required fairly large doses of digitalis;  $\frac{1}{2}$  oz. of the freshly made infusion was given at first every four hours and later twice daily. At the end of four days it was possible to discontinue the digitalis and to insure fair cardiac function by means of theobromin (gr. 8) and strychnine sulphate (gr. 1-30) given three times daily. During the first three days nocturnal restlessness required morphine sulphate hypodermically.

After the patient's heart became competent, stimulation was gradually diminished. Kidney function was improved by diuretin (gr. 10) and potassium acetate (gr. 30) given four times daily. The anemia, together with a possible luetic infection, was treated by means of ferrous carbonate (gr. 20) three times daily and by weekly injections, intravenously, of 0.3 grm. neo-arsphenamin.

Treatment from the constitutional standpoint consisted in general massage daily, ice-bag over the precordia and attention to the bowels. Occasionally when the patient was able to stand it, a good sweat was secured by means of a hot wet-pack or the hot-air cabinet.

S. E. E.

The Indiana Bulletin of Charities and Correction, by the Board of State Charities of Indiana. Printers, Wm. B. Burford, Indianapolis.

The Board consists of Gov. James P. Goodrich, president; John H. Holliday, Rev. Francis H. Gavisk, Demarchus C. Brown, Rev. Wm. J. Sayers, Mary A. Spink, M. D., Emma Lee Elam, Amos W. Butler, secretary.

This book contains the proceedings of the twenty-seventh state conference of charities and correction, Evansville, Ind.

The Hon. M. E. Foley, chairman state council of defence, Indianapolis, in his

address, said: "A larger per cent of the population of Indiana has volunteered to enter the service of the army than from any other state in America. And these soldiers of ours are the bravest, the cleanest, the manliest and the most patriotic men that ever donned a uniform in the defense of liberty and humanity, and in the past four months these boys of ours made a record that reflects credit, not only upon Indiana, but upon every soldier living and upon every soldier dead in this commonwealth.

Do you know the man who fired the first shot in this war against the kaiser was a son of Indiana? Alexander Arch, a citizen of South Bend! The first young man that gave all he had to give to America was a young man of your city, Evansville—James P. Gresham. God bless his memory. God save and protect his broken-hearted mother. But more than that! It was an Indiana officer, it was an Indiana gentleman, born in the city of New Castle, who on the 18th day of July announced to the world this splendid sentiment,—when he was commanded to retreat, and withdraw the American forces, General Bundy, a patriotic Hoosier, said to his French superior officer, "Retreat? Why, General, my troops do not understand the word retreat. Old Glory always goes forward. It never goes backward. I am going to counter-attack." And counter-attack he did. And so we not only fired the first shot and gave the first life, but a man from our state, leading the troops from our state, began the counter-attack on the 18th day of July that has startled the world. And briefly this counter-attack that was begun by General Bundy shall not be halted until a sweeping victory shall come to America, and there shall be no hesitation on the part of this great republic if we have planted Old Glory over Potsdam and brought this brutal kaiser to his knees."

In speaking of the war's effect on community problems, Amos W. Butler, secretary Board of State Charities, Indianapolis, said: "Mental defectives and delinquents constitute by far the greater proportion of these 21,000 wards

of the state. They are the product of local conditions. Our hospitals do not make people insane. Our prisons do not make criminals. Every one of these persons came from some home, from some neighborhood. The conditions there in the home or in the community are responsible for the great burden, social and economic, that must be borne by the state. The question of institution population is one of local supply.

It is an interesting thing to know in this connection that at least 72 young men in the military or naval service of their country were formerly dependent children under the supervision of the Board of State Charities—52 in the army, 20 in the navy. Several of them have written for information regarding relatives. They want to take out insurance for brothers and sisters still public wards. Some of those under our care are subscribing for Liberty bonds and buying war savings stamps."

S. E. E.

Infection, by Dugan-Johnson Co., Indianapolis.

This is a little book of 20 pages which sparkles with good things. It has a few advertising pages concerning surgical supplies equally good. Some of the pickings are:

"Imagination rules the world," said Napoleon.

The more we see of business, and business men, the more we come around to Napoleon's point of view—"Imagination rules the world."

At no other time is the female of the species so dangerous as when she starts a young man looking in the furniture store windows.

Whether the fault lies with the law or with the interpretation of it by our judges, we don't know, but the fact remains that in many cases it has become almost impossible to convict a man who steals an automobile, unless <sup>some</sup> later sells it.

In the old days a horse thief was hung when caught. There was no question of whether he was going to sell the horse

or merely use it for himself. If it could be shown that he stole the horse, there was quick action.

Progress plays no favorites and is not moved by sentiment; it sweeps all before it to accomplish its end. All of which is as it should be, or there would be no advancement in the world.

**Bound Volume of Publications by Samuel Evington Earp in the John Crerar Library, Chicago.**

The Journal has received a communication from Edward D. Tweedell of the John Crerar Library, Chicago, to the effect that reprints with the titles given hereafter have been bound in book form and are open for reference to those desiring it.

1. Pachymeningitis: report of case and autopsy. 1900. (Illustrated.)
2. Typhoid fever. 1900.
3. Joseph Eastman, M. D., LL. D. 1902. (Illustrated, in memoriam and biography.)
4. Adrenalin Chloride in Anglo-Neuroedema. 1905.
5. Report of a Case of Urethrovessical Calculus Weighing 845½ grains. 1907. (Illustrated.)
6. Myalgia Lumbalis. 1908.
7. Arthritis Deformans. 1909.
8. Bedside Clinic Summary of the Treatment of Acute Rheumatism at the Indianapolis City Hospital. 1909.
9. The Clinical Tongue. 1909.
10. Diagnosis of Pleurisy with Effusion. 1909.
11. Exophthalmic Gout. 1909.
12. Madstone Humbuggery. 1909.
13. The Relation of a Defective Heart Muscle to Valvular Sympoms. 1912.
14. Sydenham's Cr. 1909.
15. Empyema, Or. repatly, and Ichthyosis. 1913. (Illustrated.)
16. Chronic Interstitial Nephritis. 1913.
17. Cancer of the Scapula. 1914.
18. Mathematics in Medicine. 1914.
19. The Significance of Certain Heart Sounds. 1915.
20. The Physiological and Toxic Actions of Formaldehyde. 1916.

21. Concerning Sparteine Sulphate Based on Use in 305 Cases. 1917.

22. Simple Catarrhal Jaundice and its Treatment. 1917.

23. Some of the Salient Duties of a Nurse. 1919.

24. Cardiovascular Response to Infection. 1919.

25. Impressions of Dr. S. E. Earp, Chairman Medical Advisory Board No. 56, Division No. 1, Indiana (Indianapolis), 1919.

26. My Experience with Some Old-Fashioned Drugs—With Formulae. 1916.

### AN AUTUMN REVERIE.

By Fred Scott Shepard.

The lazily drifting clouds,  
In an ocean of azure blue,  
Are floating by  
In the Autumn sky,  
With colors of changing hue.

Could our weary souls thus drift,  
As on airy wings, and rest  
In the arms of peace,  
Where turmoils cease,  
How eager would be our quest.

But the peace of the Autumn days  
Is followed by Winter's blast,  
And Life's days of ease,  
By storm such as these  
And cloudiness, are o'ercast.

Yes, after the storm comes calm,  
And brightness doth follow gloom,  
And after life's moll  
Comes rest from toil,  
And sadness to peace gives room.

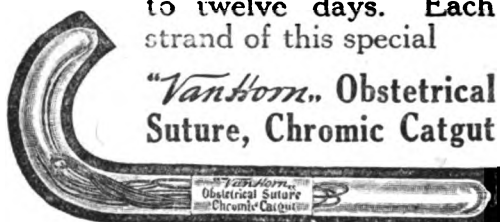
—New Era Magazine.

### TRY THIS.

Build for yourself a strong-box;  
Fashion each part with care,  
Fill it with hasp and padlock—  
Put all your troubles there.  
Hide therein all your failures,  
As each bitter drop you quaff,  
Lock all your heartaches within it—  
Then sit on the lid—and laugh.  
—Walter Pulitzer in Argosy for September, 1919.

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of

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*"A safe, harmless way that works most of the time."*

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No. 12

## ORIGINAL COMMUNICATIONS

### WHO WANTS TRUTH?

By George F. Butler, M. D., Medical Director North Shore Health Resort, Winnetka, Illinois.

Do we, either individually or collectively, want always to hear the truth, or do we find, in the words of Bacon, that "a mixture of a lie doth ever add pleasure?"

I have in my time put this question in one form or another to physicians and to all kinds of public teachers, ministers, metaphysicians, statesmen, writers, jurists, etc., and in their replies have detected one predominating, invariable and melancholy note, namely, that while they themselves would be glad to preach the truth, the people would not stand it, were not educated up to a point at which they could receive it. Each teacher let it be taken for granted, without a hint or dream of fallibility, that he himself had the truth and was able to preach it, but could not because of his patients or audiences. It seemed never to occur to one of them that the difficulty might rest with himself, at least as much as

with his hearers, that the people refused to accept what he held as truth because it was not truth, or not the whole truth. Indeed it appeared that none of them ever had attempted to preach the whole truth, each feeling that he knew his audiences well enough to judge correctly beforehand what they would receive and what they would reject. It was a process of education with them. A little truth at a time, stated cautiously and with tact, might lead in the end to great matters. In the meantime-what? Piffle, argument, evasion, curses on stupidity and ignorance, with now and then a butting of the devoted head against a stone-wall of downright deceit! And they saw no way out of it.

According to my own philosophy the sole object, as far as we can see, of every man's life on this earth is, whether he knows it or not, the pursuit of wisdom, a learning of a certain lesson relating to

the spirit, relating to truth. When he has learned his lesson or these lessons he will have fulfilled his mission here and will be ready to step up higher. Led in the beginning by the apparent joys of the senses, like the child he is, he appears deaf to the calls of the spirit, blind to the beauties of truth, yet through experience with the senses and the consequent and inevitable disillusionment he comes in time to an apprehension, more or less clear, of the realities of which the senses are symbols, suited to the play and study of the child mind, when he will with joy turn from the bondage of the one to the pursuit of the other and then first begin to realize something of what life really is. The senses will have stood to him as the kindergarten of life, preparing him for the coming realities. To us he may appear as ignorant on his death bed as he always has been, but if he is really passing on, he must have learned his lesson nevertheless. It may not be the lesson that we ourselves are put here to learn, but it is the greatest thing on earth to him. In pursuit of it he has grasped skillfully or bunglingly at all things that came in his way, provided only that they were of a kind necessary to the attainment of the particular education that he must have. If a certain idea, which is necessary to his learning his great lesson, can be acquired by him only through certain experiences, he will become a quack, a grafter, or a liar, or a drinker, or a lobbyist, or all of these together, and will so continue until, by aid of these experiences, some of which seem so evil to us, he has gained that idea. He will take a thousand divergent paths, many of which may seem wrong, stupid, evil, foolish, to us, because to us they are not necessary; but through them all he is infallibly threading his awkward way to that heavenly lesson which will be his greatest good and the end of the earth for him. These experiences being necessary for him, we should not call them evil, wrong, any more than we should call wrong, those notes which the piano student strikes in order at last to learn the right ones. They are truths, though temporary

ones, they are essential and cannot be omitted. It is through them, and through them only, that he will eventually graduate. While he probably thinks that he is here to labor for a mere sensual living, to support a family, acquire land and place and name, getting such pleasures as he may out of indulgence of the senses, in reality these things are only the means by which he is kept moving, toward that great lesson. Neither he nor any other man has or ever can have abstract truth, in any direction whatever, for we are finite, not infinite, as abstract truth is, and this abstract truth, in the very nature of things, must be worlds too large for our puny brains and minds to realize or even behold in visions. The very appearance of it in our heavens untold millions of miles distant, would shrivel us up like a dry leak in a furnace; or, at the best, we would consider it a monstrous untruth.

I should therefore say that we do want the truth, but we want it to agree with what we already believe; otherwise it is an untruth to us. I mean that it not only will seem untrue to us, but will really be untrue, because we cannot take it unto our lives and use it for the furthering of our own mission here. At the highest, and whatever it may be, it can stand only as a temporary truth, like the vanished snow of yesterday, and visible as such only to those within a certain area. The teacher's mistake seems to consist in supposing that what is true to him and must be true to every body else, that it must be abstract truth; but he should know that it is absurd in him to arrogate to himself the possession of any absolute truth whatsoever. The most that he can say is, "I believe." For tomorrow he will believe something else, perhaps directly contradictory to the truth of today. His remedy appears to be to admit that he does not know everything, and to add that, nevertheless, he thinks he has learned some things that have been of great benefit to him, and that he should be glad to state those truths for those who can or will to fol-



low. And when a poser is put to him, why not frankly answer that it is too hard for him, whether others can answer it or not? This attitude will lead him safely out of many a blind alley in which he has found himself cornered at times in the past. It is nothing against a man that he is ignorant of that which is unknowable, however wise he may be; but it is a great deal against any man in the position of a leader, either to pretend to believe what he does not believe, and preach it to others, or to show himself so shallow as to really think he possesses abstract truth about anything. In the arcana of the absolute even twice two may not be four.

The conclusion seems to be that we do, all of us, wish truth, only it must be as we want it; and that we shall refuse to accept as truth whatever appears out of place as a portion of the thought-structure we have already erected in our minds. For it is, I think, self-evident that any truth small enough and near enough to be visible to any man will be somewhat less than abstract truth, though it may be a necessary truth, if only a temporary one, to some persons or even to many. Thus is made possible the fact that the universal religion, looked forward to with such high hopes for the future in some quarters, is already and always must be present, made up of the innumerable sects in the world, from fetishism to Christian Science, each of which very properly thinks itself to have truth, but shortsightedly ascribing untruth to all the others.

In medicine, who has the truth; what school, what college, what teacher, what physician or surgeon? Don't be too sure, you Regular, you Homeopath, you Osteopath, you Christian Scientist! What is belived to be truth today, may be looked upon as utter foolishness a few years from now.

I have before me a note book of my wife's uncle who was a medical student in the University of Pennsylvania, in 1832. Here are notes on a lecture on Gun Shot Wounds.

"Little has been written on this sub-

ject although perhaps when we take every circumstance into consideration it requires particular discussion and what has been written is so superficial that it deserves but little attention.

Practice not precept seemed to be the guide of all who studied in this branch and if we observe the practice hitherto pursued we shall find it very confined being hardly reduced to common rules of surgery and therefore it was hardly necessary for a man to be a surgeon to practice in the Army.

The best local treatment for a gun shot wound, is a soft poultice of bread and milk or linseed to be continued until the sloughs separate and suppuration is established. The state of the constitution must be carefully attended to. For this Bleeding is certainly to be used here as in all wounds where there is a strong and full habit and where we expect considerable inflammation and symptomatic fever."

And this man was an educated man in his day. He settled in Indiana and made a successful doctor. We would call him a fool. He doubtless called those who practised eighty years before his time fools.

Surely the World moves, but have we yet arrived at the Truth? What seems to be necessary is to conscientiously do our best, "according to our lights." Do you know, that if we really wish it we can do our best easier than anything less?

That we may know whether or not we are doing our best, by the amount of satisfaction we feel in the effort?

That the most delightful occupation the World has ever known is the pursuit and capture of ideas, as distinguished from things?

That while politicians place their hopes in votes, the wise man looks to the spirit of the people for an explanation of a Country's condition, however the vote may go?

That the person who "talks about" another, before that other has talked about him, is thereby setting an example logically to be followed by that other after he has been talked about?

That the hushed murmur which greets a woman, proud in her new suit and hat, is more likely to be depreciation of her taste than applause for the appearance she thinks so fine, and to which she has perhaps sacrificed so much?

That the highest medical authority in the land, The Journal of the American

Association, declares that a person receives more physical benefit from a poor dinner flavored with a cheerful spirit, than from a good dinner de-flavored with acid thoughts.

This I believe to be true. Think it over.

### THE LOGICAL TREATMENT OF INFLUENZA.

By George L. Servoss, M. D., Reno, Nevada.

A surgeon has an infection under treatment. What does he do? Does he lock up that infection as tightly as possible and then expect results which will be satisfactory, alike, to both himself and patient? If he does a thing of that sort we have every reason to believe that within a short time he will have no patients. He does not lock that infection up, either at its focal point or elsewhere in the body, for he knows better. He drains, or otherwise forces elimination at the focal point and, if the infection of products thereof have been carried throughout the body, he carries his elimination still farther, making in one of a general sort. And he gets results, and for the simple reason that he knows, through experience, that the removal of the cause means a cessation of the effect.

But, you will say, what connection has the treatment, by the surgeon, of an infected wound with the treatment of influenza? Primarily, the causative agent in both may be identical and the effects similar. Secondly, an infection is nothing more or less than infection, regardless of whether that condition may be local or general. And, in the end, it is just as necessary that the internist rid the economy of toxins as it is that the surgeon follow such course.

In influenza we have a very decided infection and we have the production of very decidedly acting toxins as the result of that infection. It is true that the focus of infection may not be readily ascertained, or it may be absolutely staring us in the face, as when we find a primary inflammation of the throat or the frontal

sinus, or the bronchus, or some other point in the air passages. Or in another case we may not be able to find the initial focus, although we know that it is somewhere, even though not to be located.

In addition to knowing that we have some focal point of infection in influenza, we are invariably made cognizant, and without a vast amount of investigation on our part, or by information tendered by the patient, that the infection has produced a very decided toxemia. We also discover, and that early in the course of the disease, that elimination is either considerably retarded or, if normal, is not sufficient to carry off the toxins. In fact, in most cases of influenza, the patient is pretty well overwhelmed with toxins.

There are a lot of apparent effects accompanying influenza. We have aches and pains of varying intensity. There is a fever of a high or low degree. There is malaise. There may be a tendency to continued sleep. In fact there the myriad of symptoms which go with practically all infection—the things which show us that the economy is overcome by the toxins which have been manufactured within it.

It is true that these effect—symptoms, if you prefer—are not pleasant things for the patient to endure and we see many physicians directing their treatment toward the obliteration of these things, rather than of the real cause of the trouble. If there is a headache or backache, or if the legs ache and are sore, then some tell us that aspirin, the coal tars, or opium, should be exhibited. We will admit that any or all of these drugs will

act to relieve the symptoms. But what will they do to the patient. Aspirin, the salicylates and coal tars will overcome pain, it is true, but at the same time they will depress the patient, with a lowering of his vital resistance. And here we have a reason why so many patients so treated either have pneumonia as a complication or go into convalescence in a condition which spell invalidism for them for a considerable period. Opium will also relieve pain, but at the same time it defeats every purpose in the treatment of influenza, for it interferes with practically every eliminating function of the body and so locks within that body the very things which it should be rid of. The surgeon rarely or ever gives opium in the face of infection, unless, for some reason or other, he desires to prolong the case. And opium is another very apparent cause of influenzal pneumonia, as well as other unpleasant complications. Consequently, we believe that the coal tars, salicylates, aspirin and opium are never indicated in the logical treatment of influenza—or any other infection, for that matter.

But, you will say, how is the patient going to stand those awful effects? They will kill him. He has probably stood them for some hours, perhaps a day or more, before he has called up. If he has stood them that long it will not kill him to put up with them for twenty-four hours, or so, longer. It is true that you can make him more comfortable, for the time being, if you use one of the many heart-depressing coal tar analgesics, or if you obtund his sensibilities with opium, but in so doing you have not done one single, solitary thing toward bringing about a real cure of the condition. In fact, you have really removed your patient a step farther from the normal, for you have either lowered his eliminating functions, through depression, or you have very effectually put those functions out of commission, and locked up a lot of toxins, with your opiates. We have seen some rather serious cases of influenza in which there were some effects (symptoms) of more than passing unpleasant-

ness to the patients, and those effects were ignored, and the patients did not die because of them.

As we have said, in the face of an infection, the surgeon induces elimination. He does not lock up a single avenue which will assist in the removal of toxins from the economy, nor does he employ anything which will tear down the vital resistance of his patient. We believe that the internist can take a valuable lesson at the hands of the surgeon, and particularly in the matter of logical treatment of influenza.

As soon as we and some of our associates recognized the fact that we had in influenza a toxemia of considerable grade with which to deal, and when we saw that the system was not eliminating as it should, a completely new system of treatment was evolved. Instead of giving attention to the effects of the disease, we directed all our therapeutic powers toward the cause and its prompt removal. We endeavored to increase skin, kidney and bowel action and to induce a higher vapory elimination from the air passages. We pushed our stimulants of elimination to the utmost limit and we saw our patients recovering promptly and none of them showing any complication, whatsoever. We did not have any pneumonia, nor did we have anything other than the influenza, pure and simple, with which to deal and our patients, upon recovery from that disease, were ready to resume their various occupations. And this eliminative treatment is so simple that some are inclined to call it "no good." Some also call it no good, for the reason that it is not, apparently, directed against a single indication. It does not obtund the senses or lower the vitality, and thus relieve the aches and pains of influenza, nor does it directly lower the fever. It simply removes the cause, letting the effects take care of themselves, which they usually do very promptly.

The treatment we use is as follows: After ordering a small dose of calomel, 1/6 grain every half hour or so, until a grain is taken, we begin with

Rx.

Potassium iodid.....grs. 10  
Liquor Potassium Citrate U. S. P.....ozs. 4

M. Sig: For the first 24 to 48 hours, one tablespoonful in glass of water every hour. Thereafter, one teaspoonful in half a glass of water, every two hours on the odd hour.

After the bowels have been moved by the calomel, or the morning of the second day, the following is added to the treatment:

Rx.

Corrosive Sublimate.....gr. 1  
Syrup Wild Cherry.....ozs. 4

M. Sig: One teaspoonful in half a glass of water every two hours on the even hour.

By pushing the first mentioned mixture to the utmost during the first 24 or 48 hours, that being based upon the sort of toxemia to be dealt with, the elimination becomes very thoroughly established.

The calomel has stimulated glandular action and this is further carried on by the second mixture. As a rule these are the only things we employ in the average case of influenza, for we have found that, within 24 to 48 hours, there has been a marked change for the better and at the end of four days the majority of our patients have expressed a desire to be up and about their business. If there is a high degree of toxemia it is sometimes well to raise the opsonic index through the use of the Van Cott or some other mixed infection vaccine.

And influenza is not the only infection in which these agents may be used. They act well in almost any other condition in which there is a toxemia. Even surgical pyemia, as we have recently discovered, does remarkably well, if the first mentioned mixture is added to other treatment. Of course we may be all wrong, but it seems to us that the above is the only real logical treatment of influenza.

#### EARLY BASEDOW'S DISEASE.

Clinic at Indianapolis City Hospital before Indianapolis Medical Society.

By W. H. Foreman, M. D. Indianapolis.

This case was referred to me because of persistent nausea and vomiting of food a short time to a few hours after eating. Examination of the vomitus and aspirations, after a secretory meal, showed the absence of free hydrochloric acid, combined and total acidity.

Nausea with acid eructations and heart burn preceded the vomiting by two months.

The emesis was always preceded by an aching sense of fullness in the epigastrium which was relieved by vomiting. Vomiting was more pronounced about two hours after breakfast, although it followed the other meals. The emesis became gradually worse from the time of its appearance six weeks previous to the admission of the patient to the hospital, at which time paroxysms of vomiting occurred at once whenever any attempt was made to take food or drink, and even

without relation to time of taking food or time of day.

The symptoms suggested a possible cardiospasm, pylorospasm, a reflex, achylia, carcinoma, achylia with benign obstruction, a neurosis, or at least a neurotic basis.

It was observed that only a portion of the food taken was vomited and that the stomach emptied within normal time, no peristaltic waves were observed, and that although the patient had lost weight and was somewhat anemic, there was no cachexia, the vomiting and aspirations, after Ewald secretory meal, showed no free hydrochloric or combined acids, no long bacilli were present but much mucus.

It was suggested that possibly the stomach tube did not reach the stomach although introduced the full twenty-two inches, and that the aspirations and vomitus came only from the esophagus, and

that we were dealing with a cardiospasm. This alone or together with a neurotic basis, or a true neurosis, seemed to be the most plausible explanation of the vomiting.

If the patient ate slowly vomiting was usually delayed for a short time, if he ate rapidly and drank one or two glasses of water vomiting was immediately.

Under the fluroscope the barium mixture was observed to stop at the cardia, and to accumulate in the lower esophagus forming a cone-shaped column with base downward. Occasionally the cardia would relax and allow spurts of the mixture to pass into the stomach, suddenly closing again. Reverse peristalsis was observed in the esophagus.

This cardiospasm seemed to explain her vomiting, however we are often at a loss to explain the cause of the cardiospasm as well as spasm of other gastrointestinal sphincters.

The sympathetic nerve fibers to the bowels are chiefly inhibitory except to the sphincters to which they are motor (exciter accelerator). Thus if we have an irritation or excitation of the sympathetic nerves, we may have overtoneicity (spasm) of the gastro-intestinal sphincters (sympathicotonicity). At the same time the same irritation or excitation may affect the vagotonic nerves which are the motor nerves to the gastro-intestinal tract producing overtoneicity of the musculature (vagotonicity) with resulting spasm and reverse peristalsis.

The symptoms resulting from this overstimulation or overexcitement of the entire vegetative nervous system depends upon the relative selective action of the irritant on the sympathetic or vagotonic system of nerves.

We notice in this case a rather marked lability of the heart, i. e., when the patient is quiet and at rest the heart is only slightly above normal in impulse and rate, but slight psychic emotions or physical movements make the beat bolsterous (palpitation) and sends it up unusually high (tachycardia).

Likewise the cardiac impulse is increased and broadened, the thoracic wall

strongly agitated, strong pulsations are noticed in the neck, the patient is often conscious of her heart beat, and there is observed a systolic functional murmur. The radial pulse is soft and while rapid does not partake of the stormy action of the heart. The blood pressure (systolic) is normal while the diastolic is slightly below normal, showing subnormal tonus of the peripheral vessels which explains the vasomotor changes observed, viz., flushing of the face and skin, ears, tips of the fingers and nail matrices, increased sweats, urticaria, and circumscribed ecchymoses and pigmentations of the skin.

We observe a fine tremor of the separated fingers made more evident by the slightest psychic disturbance or physical exertion. She complains of headaches, insomnia and muscular weakness. Her nervous and mental states are subject to great variations. She has terrifying dreams, her speech is hasty, her mentality and perception quick, she has rapid changes of mood, crying or laughing, depressed or happy.

There has been a gradual loss in weight although the appetite has been good. Her temperature varies showing a tendency to be slightly above normal.

The eyes glitter, appear starry, there is protrusion of the eye-balls, rare blinking, wide palpebral angles and a weakness of convergence. The facial expression reminds one of terror, fear or surprise.

The thyroid gland is barely palpable, no appreciable enlargement.

The blood findings show 5,900 white cells, a slight leucopenia. The red cells 4,600,000.

This labile symptom complex involving as it does the gastro-intestinal, cardiovascular, psychic, nervous and hematopoietic systems, and metabolism, indicates a hyperexcitation of the entire vegetative nervous system back of which I believe is a morbus Basedow with a resulting thyrotoxicosis.

The treatment of the symptom vomiting, which brought the patient to the hospital, must be directed to the relief of the

hyperthyroidism, although we should not forget that Basedow's disease is often superimposed on an unstable nervous system, and, if the cardiospasm has persisted to the point of hyperplasia and hypertrophy of the cardia, frequent and complete dilatations of the cardia are necessary for relief from symptoms.

The treatment of this case consists of quiet and rest in bed with plenty of fresh air, and a nourishing diet of liquids and soft foods with frequent feedings and small amounts at a time.

Her medication consists of bromides to quiet her nervous symptoms, with quinine hydrobromide and ergotin for the effect upon the thyroid gland. Digitalis was at first given to control the tachycardia with some effect, but in this case the toxicosis seems to be affecting the accelerators more than the vagus and digitalis does little good under these conditions.

The use of quinine and ergotin is empirical but clinical experience demonstrates their value in reducing the goitre, and in reducing or modifying the secretion, at least in most cases the symptoms are modified or relieved.

Crotti recommends in Grave's Disease the use of thyrotoxic goiter tablets consisting of

|                        |            |
|------------------------|------------|
| Sodium Arsenate .....  | 0.001 gram |
| Sodium Phosphate ..... | 0.12 gram  |
| Salol .....            | 0.10 gram  |
| Sodium Bromide .....   | 0.05 gram  |
| Calcium Oxalate .....  | 0.05 gram  |

In conjunction with these he uses polyglandular tablets to counterbalance disorders in the respective glands consisting of

|                                  |           |
|----------------------------------|-----------|
| Pituitary gland (desiccated)...  | 0.05 gram |
| Suprarenal gland (desiccated)... | 0.05 gram |
| Pancreas (desiccated) .....      | 0.05 gram |
| Corpora Lutea (desiccated)...    | 0.05 gram |

I have not used them in this case, but have in others with good results.

Under treatment as suggested the vomiting has discontinued, the cardiospasm is relieved, the patient is able to take a normal diet, is gaining in weight, and strength, and all other symptoms are markedly improved. At this time, one month after entering the hospital, she is able to return to her home.

### SOME THINGS MEDICAL IN THE BIBLE.

By Ida Bradley, Miami, Fla.

I was very much interested in an article by Dr. G. C. Graves, published in the Indianapolis Medical Journal, March, 1917.

It seems that sanitation held sway at an earlier time than surgery or the use of remedies. In fact I am impressed with the idea that Moses gave us the foundation for sanitation. Even now we can recognize the relationship.

For our advancement, in many respects, we owe something to the Jew, and Dr. Graves calls attention to their careful inspection of food and the rejection of any portion which was suspected of being unclean. At this time an animal killed in a railroad accident is discarded by the present day sanitary officers and in the early days it was one of the requirements of the Jews that death of an

animal must be by one sweep of the knife and that it must bleed to death. We at once recognize our present day methods and even the Thanksgiving turkey is hung on the clothes-line to bleed after its throat has been cut.

The greatest evidence of healing does not relate so much to physicians nor are there lesser lights, in fact. God is the great physician and so far as I know he was the first physician. At this juncture the student of psychology will at once recognize evidence of the workings of this science.

Faith is always upmost in every instance and those who have read the 12 volumes on psychology sent out by the Literary Digest will find an interest in Bible healing. Even though we go no farther than the references of Dr. Graves

we at once recognize the evidence. A few of them are: "I am the Lord that healeth thee" (Exod. XII, 26); "Heal Me, O Lord, and I will be healed" (Jerm. XVII-14); "For I will restore health unto thee, and I will heal thee of thy wounds" (Jerm. XXX, 17); "Who healeth all thy diseases" (Ps. CIII, 3); "He healeth the broken in heart" (Ps. CXLVIII, 3).

Throughout the Bible mention is made of fever, wasting disease, insomnia, disease of the nervous system, leprosy and the various infections and especially the fevers. Perhaps not in these terms but we can recognize them, for instance, where there were boils and to prevent the spread of disease clothing from an infected patient was burned.

There are paragraphs in the Bible which can be explained by the specialists in medicine.

Solomon, in Ecclesiastes XII, 1-8, surely refers to arteriosclerosis.

Even if not a Bible pupil I trust there are those who will find interest in the following condensed incidents:

1. Abraham first to be operated on; aged 99 years.
  2. Rachel first to complain of being ill.
  3. Rachel died in childbirth.
  4. Leah had bleary, ugly, weak eyes.
  5. Moses had impediment in speech.
  6. Miriam stricken with leprosy.
  7. Naaman, captain of Syria, was a leper.
  8. Shumamites' son died of sunstroke.
  9. Job afflicted with boils.
  10. Hezekiah cured of a boil by application of figs.
  11. Jereboam had a withered hand.
  12. Zacharias was stricken dumb.
  13. Jesus healed blind man by applying clay.
  14. Paul had weak eyes.
  15. Nobleman's son died of a fever.
  16. Peter's mother-in-law cured of a fever.
  17. Samson killed by falling pillars.
- Suicide.  
53 Fort Dallas Park.

### THE TREATMENT OF GASTRIC ULCER.

H. Laveson, M. D., New York, N. Y.

The dietary treatment of acute peptic ulcer, gastric or duodenal, is exceedingly satisfactory, and, if persisted in, is usually successful in producing a cure. The tendency of the acute ulcer is to heal if given the opportunity and this fact no doubt, accounts for the many forms of dietary treatment that have been devised, any one of them being fairly successful, if given carefully. On the other hand, the chronic ulcer is very slow to heal and requires great care and persistence in treatment, if favorable results are to be obtained. An absolute rule for feeding is not desirable, as most cases need certain individual modifications. The principle upon which the diet in gastric ulcer is constructed is based upon the fact that food which is chemically, thermally or mechanically irritating, or which stays a long time in the stomach, is almost sure

to increase the hyperacidity. Hence, these things should be omitted from the diet and only bland foods used. The other underlying of the principle of the diet is that it should be of a high protein value, in order to offer a large amount of this element to combine with the free hydrochloric acid which is in excess in this condition. The protein should preferably be of the least stimulating variety. Hence, meat is allowed only in small amount. The best kind of animal protein being that contained in eggs, milk and boiled fish.

The following may be considered the best treatment for gastric ulcer: The patient is kept in bed for three weeks. Nothing is allowed by the mouth for three days, fluid being furnished by the Murphy drip method. One-half quarts (1500 C. C.) are given in twenty-four

hours, thirty drops per minute. This relieves the distressing thirst so often present in this disease. The addition of forty-five grains of strontium bromide to the drip helps to keep the patient quiet and comfortable. Feeding is begun on the fourth day, consisting of two ounces of fully peptonized milk every hour or two from 7 a. m. to 7 p. m. Half-way between each feeding a powder, consisting of 10 grains of bismuth and 20 grains of bicarbonate of sodium is used. If the bowels are not constipated, and, if pain and acidity have been permanent symptoms we may rely on the following prescription:

Rx.

Extracti Hyoscyami

Argenti Nitratis a a gr s s

Misce et fiat pilula, No. 1.

Mitte No. xxiv.

Signa.: One pill three times a day.

Each day the milk is increased an ounce until 4 ounces are taken every hour or 8 ounces every two hours, depending on the need of the individual case, i. e., some do best on hourly feedings, some on two hourly nourishment. After eight days of feeding a tablespoonful of well-cooked farina is allowed, at first twice a day with the milk feedings which are kept up continuously. The tenth day farina, cream of wheat are allowed with three of the milk feedings. The twelfth day the cereal is increased to two tablespoonfuls, and a small sprinkling of powdered sugar is allowed. The fifteenth day four soft feedings are allowed, evenly spaced throughout the day, milk-toast being used once. The seventeenth day a soft egg is allowed or custard. In the fourth week the patient is allowed to be up, but can do no real work for a period of seven or eight weeks. His diet consists of two soft boiled eggs, cream soups, vegetable purees and soft foods such as jellies, custards and creams may be added. Farina, cream of wheat and rice cooked to a pulp are best. The bismuth is continued for six to eight weeks and for a year or more only soft unirritating foods should be taken.

#### ADVICE OF DR. ALLAN B. PHILPUTT TO THE STUDENT.

"Education," he said, "is to help you make the most out of your personality. You are not simply going to college, you are going on into life. Unless you have a very definite purpose ahead of you, I would advise you either to begin to formulate one or stay at home. I refer to character and your general attitude toward life now, rather than to your occupation. College life is good, to those who use it right, but has its perils to moral and intellectual character.

"If you are not going for hard, honest, mental work, you will not be worth your salt. Incidental to the life into which you go are many personal and social attachments. The memory of them will always be sweet to you, but these are not the main thing, and if you let social life dominate, you will lose out.

"You will enter a new intellectual atmosphere, and find in many ways a larger world. This, too, has its perils. If the temptation comes to you to distrust the things you have learned at your fireside or at the altars of your religion, my advice is do not. Let not the brilliant epigrams of some free thinker tear you away from the true and tried counsels of those who love you and who toil to give you these advantages.

"I do not say you should never change your opinions. I only say be slow to do so and await the corrective judgments of time and experience.

"Our colleges and universities are destined to have an awakening as to some things taught and the men who teach them. If our institutions are to be nests of propaganda for doctrines hurtful to the commonwealth, and to public and private moral standards, better would it be to return to the tallow dip and pine knot age of learning, which gave us Abraham Lincoln. I have little fear, however, for I believe our colleges and universities are aiming at high ideals of character."

A milliner meant originally one from Milan—a Milaner; just as a "cordwainer" or shoemaker was a worker of leather from Cordova.



# INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

## EDITORIAL

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### CHRISTMAS GREETINGS.

#### The Eventide of Thanksgiving Beckons the Dawn of Christmas.

By Samuel E. Earp, M. S., M. D.,  
Indianapolis.

Pictured in our memory of the recent past is the whole world encased in a shroud of gloom. There was the deafening canon's roar, the cracking of the machine guns and the clashing of bayonets. When the sun's rays ventured out it was like a battle kaleidoscope formed by the fragments of shell while the atmosphere was pregnant with gaseous poison.

The crystal rivers which were wont to pass through flowering meadows or bordered on tasseled cornfields or mirrored the giant forest trees, were vermillioned by the blood of men who dared to sacrifice their lives on the altar of freedom which brought out the noblest that there is in man.

Night had her stars but they were half hidden by the wreaths of battle smoke, while the sun at noon day was like a pale full moon as the murky clouds miraged the threatened destruction.

Lives and property lost their value, while crime and starvation sent aged men, women and children to flowerless and unmade graves.

Thousands of family circles have been broken and weeping mothers gave their offspring and those linked by family ties that others might live and that the world

might be freed from the shackles of tyranny. It was for this that Christ died on Calvary—died for a divine purpose—to save the world. The men who died for their country died for their fellow men. They possessed a divine attribute—they were God-like in image and action. There will always be plenty of room in heaven for such men and no one will fail to enter there.

There is suggested to our mind the thought of Abou Ben Adhem of Leigh Hunt. Abou Ben Adhem awoke from a dream and the moonlight in his room made it abound in richness like a lily in bloom. An angel was writing in a book of gold and she said she was writing the names of those who love the Lord.

"And is mine one?" said Abou. "Nay, not so,"

Replied the angel. Abou spoke more low, But cheerily still, and said, "I pray thee, then,

Write me as one who loves his fellow-men."

The angel wrote and vanished. The next night

It came again with a great wakening light,

And showed the names whom love of God had blessed—

And lo! Ben Adhem's name led all the rest.

The gloomy days of conflict have passed, the mist has been dispelled by the sunlight of freedom and the peoples

of the world are approaching a solution of great problems. It may take years to entirely eliminate the feeling of unrest and yet Thanksgiving day brought the greatest of blessings since the Pilgrims at Plymouth Rock gave us the day.

Reflection on the past is sometimes the offspring of discontent and is often the approach to a danger line. Dickens said, "Reflect on your present blessings, of which every man has many; not on your past misfortunes, of which all men have some."

While each year brings greater responsibilities, it also brings greater blessings. There are greater achievements, hope is stronger and without fetters. We know more about life; more about the brotherhood of man and as we know others better we can more accurately adjust ourselves to the requirements of the individual self so that our existence in this world is made worth while. Some one has said that, thus we have a great opportunity to get a better understanding of life and our relationship to life.

To "love thy neighbor as thyself" would make a tenet of the most beautiful of religions and I wonder if Dr. James Newton Matthews, of Kentucky, who visited Indianapolis frequently in the eighties, did not have this thought in mind when he said:

The man who loves his fellow-man,  
And winds a willing arm about  
His brother when the storms are out,  
And lends him all the help he can—  
No matter what may be his creed,  
A kind God knights him for the deed.

The man, however scorned and poor,  
Who bares his arm for truth, and breaks  
A lance for crippled justice, shakes  
A shower of good from shore to shore—  
And heaven, unfolding, gilds with grace  
The swart lines of his sturdy face.

However lowly be his guise,  
The man who finds it in his breast  
To brave the worst and hope the best,  
Is nobly poised, and in him lies  
The bursting germ whose bloom shall be  
The flower of immortality.

With our hearts full of thankfulness we possess the realization that we will not be forgetful of our great blessings though the eventide of Thanksgiving day beckoned the dawn of Christmas.

Christmas is an old, old story. The memory of the old arm-chair of a sainted mother never seems to grow old; songs and carols of long ago give new inspiration; the old homestead brings new thoughts of love and affection; true and tried friends do not deteriorate by age and Christmas is in reality a fountain of youth in which the two extremes of life come together with gladness and joy otherwise impossible.

Phillips Brooks said:

The earth has grown old with its burden  
of care,  
But at Christmas always is young.  
The heart of the jewel burns lustrous and  
fair,  
And its soul full of music breaks forth  
on the air  
When the song of the angels is sung.

On the sad and the lonely, the wretched  
and poor,  
The voice of the Christ-child shall fall,  
And to every blind wanderer open the  
door  
Of a hope that we dared not dream of  
before,  
With a sunshine of welcome to all.

The whispering of the holly and fir  
rather drowns out the hum of monotony  
with a message of good cheer, happiness  
and love. The sameness is the jewel  
which, when the casket is opened, sparkles  
in all its rainbow beauty and brilliancy,  
heart meets heart, and elysian gladness  
abounds.

While my mind was encompassed with  
the tidings in each peal of the Christmas  
bells the chimes become more tuneful  
and perfect as I listened to the thoughts  
of Blanche Bloor Schleppey repeated to  
me in verse. It is shown by her words  
that the old is ever new, that the seeds  
of love and affection may be sown at the  
yuletide with an expectant rich harvest.

They are:

Hail! Christmas, with thy jocund visage  
kind,  
Thou welcome traveler from an unknown  
shore;  
O'er mountains far, through waves that  
surge and roar,  
Thou'rt here again, on winter's icy wind.

Come in, old pal, and haply let me  
find  
Within thy ample pack's well measured  
store,  
Some balm to ease man's restless mind,  
once more—  
Some gift of God for suffering human-  
kind."

But Christmas clasped my hand within  
his own,  
And thus, again, I knew that we must  
part.  
"Comrade," he said, "man reaps as he  
has sown.

By open road, or at some shrine apart,  
His own best gift can come to him alone,  
Who finds this law writ deep within his  
heart!"

Life is what we make it, so is Christ-  
mas. A grouch may attempt to make a  
suicide out of joy, yet it is as insignifi-  
cant as crepe on the door of an uninhab-  
ited house. A grouch digs his own grave  
among the weeds. Flowers are too pre-  
cious and would be shamefaced.

Christmas is a time for joy. There is  
no room for gloom. It is a time when  
love, friendship and happiness should rule  
supreme. The sunshine we contribute to  
others furnishes a greater supply for  
ourselves. A look, word, act or token  
may make some one happy. To dream of  
our childhood days is called happiness  
and now is the time to transform dreams  
into realities by getting down deep into  
the hearts of little children. It begets  
vigor and youthfulness and it is the way  
to get the best out of life—like removing  
tarnish or rust from costly metal.

Christmas is the time of all times  
when we have an opportunity to live the  
best part of our lives over again.

The old year seems to be turning grey.  
It is Father Time peeping round the cor-  
ner and before we meet him face to face,  
let us start anew—Christmas is the time.

Henry Drummond said "that half the  
world is wrong on the scent in the pur-  
suit of happiness. They think it consists  
in having and getting, and being served  
by others. It consists in giving and serv-  
ing others." Now is the time during the  
gladness of Christmas to resolve that if  
we can not say a good word concerning  
a fellow creature we will not say a bad  
one. Henry Van Dyke said that there are  
two good rules which ought to be written  
on every heart. Never believe anything  
about anybody unless you positively  
know it to be true; never tell even that,  
unless you feel that it is absolutely nec-  
essary and that God is listening while  
you tell it.

To do a kind deed or cheer away lone-  
liness and doubt will make us feel like  
life is worth living and the clouds of life  
will drift along so that the sunshine can  
come through.

How profitably we might recall the  
words of James Knowlton,

It may seem good to seek fair fortune's  
goal,  
To heights of rank aspire,  
To have a name inscribed on honor's roll,  
Or light the sacred fire;  
But higher far when mocked and scorned  
In silence to endure;  
All life is best and all adorned  
When kind, and sweet, and pure.

But best of all as time is hastening fast  
To cast his pearls away,  
When life at most is short and can not  
last,  
But wanes at close of day,  
To love, the Golden Rule receive,  
And then to others do  
As Christ has taught and all believe,  
That men should do to you.

#### FORTY-ONE HOGS, \$18,810.

Hog sale records for north central In-  
diana were broken recently at a sale at  
the farm of Colvert Brothers, in Benton

county, two miles north of Oxford, when the first forty-one head of big type Poland Chinas brought an average of \$361 each. The total receipts of the sale were \$18,810.

William Wrigley, of Green Gables farm, Wis., paid \$1,250 for Fashion's Kind, a young sow by The Clansman. W. C. Gambel, of Noblesville, paid \$1,825 for a full sister of Fashion's Kind. The Wrigley farm bought a yearling sow, Model Clansman, for \$1,000.

#### Comment.

The above note has no apparent relation to the "High Cost of Living" but really the improvement of live stock is of the greatest value. The writer of this note lived from his 8th to 18th year on an Illinois prairie farm. His "early feet trod the early furrow" along "second breaking," with a yoke of oxen, on 160 acres of rich land, on which was never found a stone the size of a marble; in Kankakee county, 45 miles south of Chicago. Food was cheap, corn 11 to 20 cents a bushel; three-year-old heifers and steers \$8 to \$15. Half of the land was open to any one for grazing stock.

But those days have passed and we must now depend on intensive farming and a return to the method of living of civil war times.

Very important is gardening and a good occupation for even a physician in his back yard.

Dr. Cottingham, just across 2125 Broadway from the writer, is a natural farmer and gardener in addition to being a physician and surgeon of the highest rank and accomplished in psychiatry as well as in gardening and farming.

Cowley, 1618-1667, wrote:

"God the first garden made and the first city Cain."

And nearly a century later Cowper wrote:

"God made the country and man made the town."

The purpose of each poet being to decry the city as compared with the country.

But we have gone far enough with our little sermonizing and poetizing away from our little dream of Indiana and Wisconsin hogs worth upward of \$1,000 each and so we close by urging both the pleasure and profits to the doctor of a little gardening.

A. W. BRAYTON.

#### PERNICIOUS ANEMIA NOT AN ENTITY.

Text-books give the etiology, pathology, symptoms, etc., of pernicious anemia but that the exact nature of the disease is unknown and from many sources we could be led to believe that it is a distinct disease and, too, given an etiology with more or less distinctness.

There is a reasonableness in the article by K. A. Rombach in the *Nederlandsch Tijdschrift v. Geneeskunde*, Amsterdam, of September 6, as abstracted by the J. A. M. A.

Rombach relates experiences which confirm that pernicious anemia is not a morbid entity but merely a set of phenomena which may occur with any one of a number of actual diseases.

This seems to be the long and short of the subject.

In the pernicious type there is generally a pre-existing pathology and if we fail to recognize it the term "idiopathic" comes into play very conveniently.

Concerning the testing of the stools and urine for urobilin and urobilinogen the following abstract is of interest:

G. H. Hansmann and C. P. Howard, Iowa City, Iowa (*Journal A. M. A.*, October 25, 1919), have studied twenty-seven cases of pernicious anemia by a modification of Wilbur and Addis' method of testing the stools and urine as to their urobilin and urobilinogen contents. They describe the method in detail and sum up their conclusions as follows: "1. The evidence of abnormal hemolysis occurs first in the stools, second in the duodenal contents, and lastly in the urine. 2. An increase of the urobilin and urobilinogen in the urine and stools above 12,000 dilutions is a constant finding in pernicious

anemia during the period of remission. 3. The presence of even small amounts of urobilinogen in the urine is evidence of a probable pernicious anemia in the absence of signs of biliary or hepatic disease. 4. A low red cell count with a low urobilin and urobilinogen count indicates an arrest of the activity of the disease process, and a period of improvement may be anticipated. 5. On the other hand, a high red cell count with a high urobilin-urobilinogen content indicates a marked hemolysis and often precedes a steadily falling blood count, as was also demonstrated by Robertson and McCrudden."

S. E. EARP.

#### DOES THE CURE OF CANCER DEPEND UPON OXIDIZATION OF THE TISSUES?

In an interesting article in the Medical Record, Dr. Edward Percy Robinson elucidates his theory that the cause of cancer is due to an excess of sodium in the cells of the body. He builds his hypothesis on the previously expressed reasons and suppositions which are briefly as follows:

Cancer is not communicated, is not hereditary, affects more the civilized greater-salt-consuming individual than the savage, advances with the increase of salt production and consumption, is fifty per cent more prevalent in the female, is not itself a distinct type—but rather a phase of any tumor, begins benignly, then passes into malignancy, differs from sarcoma merely in the rapidity of cell destruction, is a constitutional, not a local manifestation—recurring after surgical excision, attacks more plethoric tissues, and being a proliferative process it occurs more in tissues of higher proliferative power. Salt is a probable functional and reproductive necessity of the cell and species. The cell can be artificially produced and maintained in a suitable salt solution. A salt idiosyncrasy favors the development of cancer, while this idiosyncrasy, which may be hereditary, may diminish or disappear with a correspond-

ing influence upon the cancer. The sodium chloride of the plasma may chemically stimulate the cell to become cancerous.

Dr. Robinson explains that potassium and sodium are both ingredients of normal tissues, but while potassium properly predominates in the cell, sodium preponderates in the fluids of the body. The potassium and sodium are displaceable and interchangeable. When sodium chloride is ingested it is split into sodium and chlorine. The sodium is oxidized and the chlorine enters into the formation of hydrochloric acid in the stomach. When an excess of sodium is consumed oxidation becomes inefficient and a certain amount of sodium displaces an equal amount of potassium from the cell. The predominance of the consumption over the oxidation, the excess of the potassium, irritates the cell, which, in accordance with the properties inherent in any tissue, tries to expel the irritant, a malignant or cancerous inflammation is thus started.

Now when sodium is exposed to air it is quickly oxidized by the oxygen of the atmosphere. The oxygen of the tissues attempts to do the same thing, but can not cope with too big a problem. When the cancer, though, which is, according to the author, a mass of sodium-overloaded and resultantly malignantly inflamed tissues is exposed to the action of radium, X-ray, or actinic rays the oxidation of the sodium is naturally enhanced. The curative powers of these agents and the excellent results reported in the treatment of cancer with them are thus logically explained.

A diminution in the consumption of sodium and an increase in the intake of potassium would be a rational procedure in the treatment of cancer which the author warmly advocates. He points out that radium, X-ray, actinic rays, or potassium nitrate are all of equal curative value in the fight of cancer. All tend to remove the causative irritant, the excess of sodium in the cell and restore the tissues to a cured, normal and healthy status.

Dr. Robinson has been a contributor to the Indianapolis Medical Journal and twenty-four letters were received concerning one of his articles.

We have called attention to his previous articles on cancer. For his research work and original ideas he deserves much credit. I am surprised that more attention has not been given these contributions by the medical press. Even though all may not agree with some theories advanced by him yet as worker in this great field of research sufficient encouragement should be given him to continue his efforts. In our last editorial on this subject calling attention to his work I mentioned the above article abstracted by Medical Council in September, 1919, by title only, because I did not read it until later in the month.

S. E. E.

#### CHIROPRACTORS MAY WANT A CHANGE IN THE MEDICAL LAW.

Higher educational qualifications for practicing chiropractors and legal recognition of the profession were urged by speakers at the ninth annual convention of the Indiana Chiropractors' Association, which opened at the Claypool hotel Tuesday.

Edward V. Fitzpatrick, of this city, attorney for the association, urged the association to request the next legislature to enact a law making it compulsory for all chiropractors to have been graduated from some reputable school for chiropractors, offering at least a three-year course of six months each. He urged that this law include the appointment of a chiropractors' examining board, which would examine chiropractors before licenses permitting them to practice be granted.

Talks were made at Tuesdays' sessions by R. L. Jenne, of Indianapolis, Thomas Morris, of LaCrosse, Wis., national counsel for the Universal Chiropractors' Association, and Franklin McCray, state senator from Marion county.

Mr. Fitzpatrick and Robert I. Marsh, counsel for the Indiana Society for Medical Freedom, spoke at the session in the forenoon. Officers were elected at the

closing session. W. H. Vawter, of Lafayette, president for last year, presided at all sessions. A luncheon for the visiting members was given at noon in the Riley room of the Claypool.

The above is from the Indianapolis News, November 9, 1919.

During a conversation Dr. J. N. Hurty, of the Indiana State Board of Health, said:

Mr. Fitzpatrick was formerly a member of the legislature and is the regularly employed attorney of the chiropractors. This delectable cult also employs ex-Senator H. E. Negley. How many more members or ex-members of the legislature are employed by the chiropractors, I do not know. I am told they have a fund of \$10,000 with which to oppose any health or medical laws and to "put over" a chiropractor's law.

The J. A. M. A. contained a spicey little item in August under the caption "Adroitness is Correct," which said:

"Gentlemen who are engaged in the chiropractic trade—we use the word 'trade' advisedly—are furnished Helpful Hints for Ambitious Advertisers by an Indianapolis concern that makes a specialty of this line. In one of the numerous leaflets sent out from this source to 'Chiropractors' they are urged to 'employ an advertising man' and not attempt to write their own copy. It is pointed out that there are in many states laws prohibiting fraudulent advertising, and 'today the liar in print is soon run to earth.' While we are unable, regretfully, to agree with the last statement, the conclusions drawn from this premise are more easily accepted:

"... to advertise inside the chiropractic, medical and truth laws, requires some adroitness, some ingenuity of expression, some more than common ability as a wordsmith."

"We'll say it does!"

#### HOW TO USE CASTOR OIL AND DISGUISE ITS TASTE

The threat to give a child a dose of Castor oil, as a method to correct its

untoward actions is within our memory, and yet this very act creates a prejudice in the child's mind against a wholesome therapeutic agent. Threats of this kind do much damage. The common method in some quarters is to say "you must behave or the doctor will give you bad medicine," and during height of fever when the doctor's influence is needed, the fear of the doctors is an unfortunate factor.

Castor oil is one of the best agents for persons of any age. It's bulk is ricinolein a glyceride of ricinoleic acid which is apparently the purgative principle. It contains an irritant to be sure but the rapid peristalsis prevents untoward action which sometimes takes place in the use of slow acting purgatives.

For temporary evacuation of the intestinal it is better than in chronic conditions so that it has a great value in acute diarrheas and in enteritis and yet some physicians have reported good results from the use of castor oil in chronic enteritis and chronic pseudomembranous colitis but in the latter it requires long continued use according to Wood. The latter to overcome the unpleasant taste, suggests a mixture of equal parts of glycerine and castor oil, with two to four drops of the oil of cloves or cinnamon, to the ounce, and given in ice-cold spoon which chills it into a thick mass. Perhaps no remedy is so generally used as castor oil. It is suggested by doctor, druggist and almost every woman in the neighborhood where someone is sick. It is often given thoughtlessly, and seldom if ever is harm done. Many who suggest its use know but little about this oil. This will apply to some doctors who know it is an evacuant, and such should know more about it since it is so universally used.

We reproduce a discussion which appeared in the J. A. M. A., Nov. 29, 1919, page 1698, we offer no apology for the length of it. It is far better to have a full knowledge concerning a positive remedy, which has stood the test and will continue in use. Conservatism

is an enemy to flash-light theory. The Journal says.

The "soothing purgative" is probably the best sobriquet by which to characterize the therapeutic qualities of this old reliable agent of notoriously nasty taste. Were it not for this unique combination of action it would probably have long ago been consigned to the limbo of the abandoned scourges of the ill. It is the fact that it is the least irritant of the powerful and reliable cathartics, the most potent of the evacuant oils, that renders it still indispensable.

It is easy to understand that the action of castor oil is, to a certain extent, independent of dose, and that the dose is not much influenced by age. An infant may safely be given a teaspoonful or two—a dose that will usually physic an adult. The reason is that castor oil becomes activated in proportion to the amount of digestive juices available; and, of course, the larger the intestine the more juice there is. The quantity of oil that exceeds the digestive capacity is passed through unchanged, acting merely like so much petrolatum. Excessive action is therefore an impossibility. True, the usual dose for an adult is from 1 to 2 tablespoonfuls, and it must be admitted that such a dose is more reliable and thoroughly active than that of a teaspoonful or two. When, however, there is difficulty in administration, on account of the taste, the knowledge that a teaspoonful may suffice for an adult is of importance.

Because of the thoroughness and reliability of its action, and the impossibility of excessive effect, it is the purgative of choice for delicate invalids, infants, in pregnancy, and in patients with hemorrhoids or anal fissure.

For the reasons given, castor oil produces little griping; indeed, it is a good remedy in the treatment of intestinal colic. "The castor oil cure"—a course of daily doses of castor oil—has relieved many an obscure case of abdominal pain, and incidentally made the diagnosis.

In cases of abdominal pain in which an intestinal obstruction is suspected,

castor oil is probably the least objectionable of the reliable cathartics. Here, too, it has diagnostic importance: for, if a liberal dose fails to act, more drastic cathartics will probably also fail, and ought not to be employed.

This oil is notorious for its tendency to leave the bowel sluggish after it has produced an evacuation; hence it is one of the worst drugs to give in the treatment of chronic constipation. On the other hand, in view of its soothing qualities, it is good to use during the cleaning-out phase of the treatment of acute diarrhea. Regarding its use in chronic diarrhea, Brunton writes: "Sometimes a teaspoonful of castor oil, given every morning, will do more for a chronic diarrhea than anything else I know."

I. A. Abt found, however, that even castor oil is not absolutely harmless, at least in children, as he discovered evidence of irritation in the last stools when teaspoonful doses were given on three successive nights. Single dram doses produced no irritation; and, as compared with magnesium sulphate and calomel, it seemed to have the least irritant action.

A dose of castor oil usually acts in from four to six hours; hence it should be given so that it will produce its effect while the patient is awake. Like other oils, it has a tendency to delay gastric evacuation, and therefore it is best given on an empty stomach an hour before breakfast.

It is possible to so refine this oil, that, provided it is protected from the influence of the air, it is almost devoid of odor and taste. Such oil is obtainable under the trade name of Kellogg's "Tasteless." Squibb's, or Allen & Hanbury's, are very similar. It should be procured in small bottles and used while fresh, the bottle being kept carefully corked.

A good way to prescribe castor oil is in elastic capsules, the 2.5 c. c. size being none too large for the average adult. To make such capsules go down easily, it is well to advise that they be dipped in water for a minute before taking them, and to remind the patient to

look down while swallowing, just as he does when he swallows food. Holding the head up while attempting to take pills or capsules is one of the chief causes of inability to swallow them. Two of these capsules often suffice for a satisfactory result. If a much larger amount is required, it is best given floating, in the form of the so-called "sandwich" dose. If the following directions are carried out, the dose can be swallowed without tasting the oil:

In a small tumbler or medicine glass is placed a layer of thick syrup of any flavor desired. The glass is inclined in such a way as to coat its inside almost up to the rim. Then the oil poured into the center of the glass, care being taken that it does not run down the side. This is topped with a layer of pleasant flavored alcoholic fluid, such as aromatic elixir. While the dose is being taken, the edge of the glass should be placed on the lower teeth, so as to avoid straining the oil through the teeth, to which some of it might adhere. When correctly taken, the oil follows the alcoholic fluid, gliding down the tongue on the surface of the syrup, without at any time touching the gustatory membrane. Of course, the patient must take the whole dose at one gulp.

The small infant needs no disguise for castor oil. Taste sensation is not sufficiently developed for it to object to so bland a thing as this oil. It will lick the oil from the spoon. As soon as taste sensation asserts itself, however, we should do something to disguise the dose for the child, unless we deliberately inflict it on the youngster as a punishment. As such, by the way, it is used as a remedy, prophylactic as well as curative, for the little fellow who habitually overeats, or the school child malingering because of a dreaded examination. In both instances, a day of fasting is a good adjuvant to the dose of castor oil. However, because of the prejudice against medicine in general which such practice is likely to engender, it is questionable whether some other method of punishment could not be easily found that would



be less detrimental, just as threatening to call a physician when the child does not behave makes the youngster afraid of the doctor, when it would be the child's interest to cultivate the feeling in the little one that the physician is the children's friend, the best friend a sick child can have.

Sweetening the castor oil and making it aromatic is a good way of disguising it for the child. By means of saccharin (0.05 per cent.) dissolved in alcohol (3 per cent.), castor oil can readily be sweetened. When this is flavored with aromatics (vanillin, 0.1 per cent, coumarin 0.01 per cent) and volatile oils (oil of cinnamon 0.3 per cent, oil clove 0.1 per cent., we have the aromatic castor oil of the National Formulary (*oleum ricini aromaticum*, N. F.), which is palatable excepting for the acridity left after it is swallowed. This can be eliminated by using a nonacid oil, such as Kellogg's "tasteless." Children, however, take aromatic castor oil readily, even when made from ordinary oil, as they usually do not associate the after-sensation with the dose that has been swallowed. We may, therefore, consider the problem of the administration of castor oil to children solved by this means.

In view of the N. F. formula, which can be compounded by any pharmacist, it is hardly necessary to specify a proprietary preparation. Should such specifying seem expedient, *oleum ricini dulce*, marketed by the Pitman-Moore Company, Indianapolis, might be mentioned as an example of such a preparation on the market.

The following method is also of practical value, as it enables one to administer a "tasteless" castor oil without the patient's knowledge, and is useful, therefore, for those children who unreasonably object to medicine of any kind. By vigorously shaking "tasteless" oil, with a liberal excess—at least four times as much—of hot milk, in a bottle which they do not more than half fill, and then having the dose taken immediately, the mixture will be found scarcely distin-

guishable from rich milk. Such oil might also be given floating on hot soup. However, a protest should be entered here against administering ordinary castor oil mixed with an important food. This might create in the child a disgust against this article of diet that may last for years.

Thorough emulsification lessens the activity of castor oil, probably because in this form it is too rapidly digested and assimilated. A 35 per cent. emulsion of castor oil can readily be prepared and made palatable. A formula for such a one is to be found in the National Formulary under the name of *emulsum olei ricini*, N. F. It is flavored with tincture of vanilla. The British Pharmacopoeia has a similar formula of different flavor (orange flower and cinnamon) under the title *mistura olei ricini*, B. P. However, as a babe might require a tablespoonful, and an adult a wine glassful or more, of such emulsions, these preparations are not economical ones, to say the least.

Medicine is still one of the dreaded bugbears of childhood, and castor oil is a leader of these. Let us admit that it is poor technic to insult the palate—the sensitive guardian of our system against chemical injury—when medicine is to be given. It is no longer necessary, and certainly inexpedient. The patient may take the dose; but he does so with open or smothered revolt.

S. E. E.

Some birds live to a great age. The age of ninety is known to have been reached by a gray parrot, and there are many statements of birds of the parrot family having lived for over a century. The raven also is credited with having reached 100 years. The domestic goose is another long living bird. Many instances are known of geese attaining forty years. The ordinary domestic fowl is seldom allowed to die of old age, but in some country places old hens that have been made pets of are to be seen, and are allowed to remain until they are ten or twelve years old, having long previously ceased to lay.—Indianapolis Star.

## ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators.

### THE VALUE OF RADIUM IN CURING DISEASES.

Among the most brilliant results which have been obtained from radium from this point of view are those in cancer of the skin and mucous membranes. This applies especially to basal-celled epithelioma and rodent ulcer. Other types of epithelioma are more refractory, most notably the squamous-celled variety, those accompanied by peripheral lymphangitis, and those recurrent in a cicatrix. Owing to this it was believed a few years ago that such forms of cancer were incurable by radium, but it is now generally recognized that the reason for failure was insufficient dosage. The squamous-celled variety of epithelioma required three or four times as much radium as the basal-celled variety in order to completely eradicate the disease and thus make recurrence improbable.

One great advantage of radium over surgery is that it leaves supple skin, with very little scar formation, whereas after operation there is a contrasted scar, which is frequently the site of recurrence, owing to the irritation to which it is constantly subjected. I have frequently noted a reappearance of the disease at the site of stitch wounds. The value of radium in this connection will be appreciated when we remember that one of the facts which are definitely established in regard to cancer is that irritation is an important factor in etiology.

Radium also has a wide field of use in the diseases of the skin and mucous membrane other than malignancy; so much so that its employment by modern dermatologists is almost imperative. Benign tumor growths, such as moles, warts, papillomata, are removed by it, while in the treatment of disfiguring birthmarks, either port-wine stains or angiomas, it is the method of election, as its application is easy and painless and

its cosmetic results are not attained by any other method.

In keloid, lupus erythematosus, tuberculosos of the skin in its various aspects, it is of the greatest value. Leucoplakia of the buccal mucosa or tongue, which is often the forerunner of malignancy, responds favorably to radium therapy.

A recent report of the London Radium Institute states that experience there tends to show that rodent ulcer can be cured with certainty by the application of radium, and, provided that a sufficient dose is given, does not recur.

In the treatment of cancer of the lip, both in early and advanced cases, the results are equal or superior to those of surgery. More than 90 per cent of the early cases have been permanently cured without residual deformity, and also a fair proportion of the advanced cases. When we compare the 90 per cent of cures without recurrence with the results of surgery in this condition, the superiority of the radium treatment is obvious. The literature of the subject shows that radical operation at any early stage, when there is no obvious affection of the glands, is followed by recurrence in more than 50 per cent of the cases, and if the glands are involved at the time of operation, in more than 90 per cent.

The value of radium in treating sarcomatous tumors of the skin and some growths more deeply seated is well established.

Another condition in which the success of radium has been so remarkable that it has come to be regarded as the method of election, is that of fibroids of the uterus. In uncomplicated cases, however severe, experience indicates that it can be relied upon to arrest hemorrhage and discharge, bringing about amenorrhea, and it will also cause shrinkage or complete disappearance of the tumor.

Cases treated as long ago as 1905.

when radium therapy was in the experimental stage, have remained in good health, and in many large gynecological clinics the use of radium has almost superseded operation in fibroids and certain forms of uterine hemorrhage. The only exceptions made are in cases in which the diagnosis is doubtful, in those in which the fibroids are suppurating, and in those in which symptoms of pressure render operations imperative. An advantage of radium in these cases as compared with the X-rays, which are also successful in arresting hemorrhage and bringing about amenorrhea, is that radium can produce results which are nothing less than brilliant, when while the influence of X-rays depends almost entirely upon their action upon the ovaries. In the presence of submucous fibroids, associated with endometritis, radium arrests the hemorrhage by a primary action upon the endometrium and a secondary effect upon the ovaries, but with the X-rays the reverse takes place, and as a result the symptoms of the menopause due to radium are much less than those due to the action of the X-rays. In cases which are inoperable owing to the severity of the hemorrhage, radium will often arrest the hemorrhage and thus render the condition operable.

As regards cancer of the uterus, the mortality after surgery has been very great even with the best technique and in the hands of the most skillful surgeons. The general opinion is that operation should be performed in every operation case, but that the use of radium after operation will tend to prevent recurrence, and thus increase the percentage of cures. In some instances the use of radium in an operable case will render a radical operation possible. A very large proportion of these cases are already inoperable when they first come under the observation of the surgeon.

In the therapy of Graves' disease, or exophthalmic goitre, a judicious use of the radium rays will in many cases produce results which are nothing less than brilliant, when combined, of course, with the usual medical measures of rest, diet,

medication etc. Radium applied over the thyroid slows the rapid pulse, lessens the nervous excitement, causes a variable degree of shrinkage of the gland, and in numerous cases had rendered quite unnecessary the surgical operation which has been proposed as a last resort in treatment of diseased thyroids.

Atkins in Medical Standard for Nov., 1919.

#### READING RADIOGRAPHS

No non-medical man and no physician without special training, may be safely entrusted with the reading of radiographs. Nor can one untrained in radiology and diagnosis, be relied upon to make radiographs that may be safely used in diagnosis. In short, the radiographs made by those untrained in radiology and diagnostics, are dangerous and deceitful, and are most potent in bringing radiography into disrepute.

The training commonly given in our medical schools would not enable one to read even so simple a radiograph as that of the wrist. But it is better than no training at all in anatomy. Think it over.

Malsbary in S. C. Pract Oct., 1919.

#### DIAGNOSIS OF TUBERCULOSIS.

A summary made by Geo. Thomas Palmer and Wilson R. Abbott, in the medical Times, for October 1919, is as follows:

(1) In the diagnosis of relatively early tuberculosis every bit of evidence is of value. A painstaking, written case history following a definite system is as necessary as the physical examination and often of more value. It is doubtful if any clinician is capable of the accurate diagnosis of early tuberculosis on physical examination alone.

(2) Presence of bacilli in the sputum usually indicates more or less advanced disease. To await a positive sputum before making the diagnosis is intolerable.

(3) In view of the great prevalence of tuberculosis infection and tuberculous disease, the policy of trying to avoid a

diagnosis of that disease is unwarranted. In common practice, erroneous positive diagnosis are far less common than erroneous negative diagnosis.

(4) If explained intelligently, the diagnosis of tuberculosis need not come as a great shock to the patient. The diagnosis should never be announced until the physician has ample time to discuss the matter fully and allay unreasoning fears.

(5) It is absolutely criminal to withhold the diagnosis of early or moderately advanced tuberculosis. Cure depends upon a clear understanding of the truth.

(6) The X-ray will disclose evidence of lung pathology. It will not disclose whether the patient is suffering from present tuberculosis. The X-ray, while valuable in confirmation of findings, will never take the place of case history and physical examination.

(7) Physical findings, to be of value, must always be considered in connection with the case history and symptoms.

(8) More physicians fail through lack of system and haste than through actual lack of knowledge. At least an hour should be given to the examination of the tuberculosis suspect.

(9) Always strip the patient to the waist in making the examination and remember that the earliest signs of pulmonary disease are often found in the back.

(10) Do not hesitate to have the patient return for re-examination if deemed necessary. In the doubtful case, make a negative diagnosis only after exhausting every resource. An erroneous positive diagnosis may be unfortunate. Erroneous negative diagnosis are often fatal.

#### VALVULAR LESIONS OF THE HEART

Robertson has this to say of the treatment of valvular lesions of the heart. (Med Council.)

No treatment until after failure of compensation, with exception of prophylactic treatment. If the myocardium is in a fairly good condition, the valvular lesion

should respond to treatment. Use precautions before failure of compensation.

After failure of compensation, put the patient to bed if failure is acute. Rest in all cases, suitable diet, and depletion by purgatives. Cardiac tonics, such as strychnine, iron, and arsenic. A number of cardiac stimulants are recommended, such as digitalis, strophanthus, caffeine, etc. Digitalis is the drug usually prescribed. It stimulates the pneumogastric, increases the blood supply to the heart, lengthens the diastole and gives the heart more rest. Venesection is indicated in a dilated and over-distended right heart.

The main points in the treatment are rest and nourishment for the myocardium. There will be some symptomatic treatment indicated.

Scoparius, Sparteine and convallaria majalis, should not be forgotten.

#### THYMOL AS AN ANTHELMINTIC

X. Arnozan (Journal de medecine de Bordeaux, May 25, 1919) reports favorable experiences with thymol in two cases of teniasis. The remedy was originally recommended for this purpose in 1913 by Artault de Vevey. The patient takes every morning on an empty stomach for six days a cachet containing 0.25 gram of thymol, and is warned to abstain from alcohol in any form during that time. The worm is usually expelled on the third or fourth day. The first case treated by the author was in a boy of ten, who had already been given several teniafuges without complete success and had several fainting spells under the treatment. On the third day of thymol administration, a considerable length of worm in a shrivelled condition was expelled. The scolex was not secured, but two years after treatment no recurrence had taken place. The second case was that of a little girl four and a half years old who had been harboring taenia saginata for over eighteen months and had been treated unsuccessfully with areca nut, pumpkin seed, pelletierine, strontium lactate, and male fern. The child was given 0.15 gram of thymol for six days, and fats and oils

forbidden. On the second day a great many segments were discharged, together with a large amount of shapeless magma. From that time on, no further trace of a worm was passed. Four months later pumpkin seed was given for provocative purposes, but the result was negative. Ten months have elapsed since the thymol was given, and recurrence has not taken place. Artault has himself admitted that the thymol treatment is not infallible, but the fact that it is usually successful and causes no lassitude in patients who take it renders it the anthelmintic of choice. Further trial is required to find out whether it is specific against any single variety of tenia or is effectual against all species.

New York Medical Journal for Sept., 27, 1919.

Dr. McIntyre of Indianapolis, read a paper on this subject before the university seminar about a year ago and it was published in this journal. The article was freely abstracted by other journals.

#### THE SO-CALLED SOLUTION OF MERCURY BENZOATE FOR HYPODERMIC INJECTION

E. Leger (Bulletin de l'Academie de medicine, April 15, 1919) states that mercury benzoate, which is practically insoluble in water, can be brought into neutral salts, such as sodium chloride. Chemists have definitely shown, however, that in such a solution the mercury is no longer present as the benzoate, but as the bichloride, the two salts having reacted to form mercuric chloride and sodium benzoate. The amount of sodium chloride required to bring into solution one gram of mercury benzoate is .25 gram, and the amount of the resulting bichloride is .589 gram. Such a solution, however, when made with 100 grams of water, causes pain; but Gaucher found this drawback could be entirely overcome by increasing the amount of sodium chloride from .25 to 2.5 grams. This is perhaps due to the fact that solutions of bichloride which coagulate protein lose this property when

sodium chloride is added. For over eighteen months the following formula was used:

R Hydrargyri chloridi corrosivi  
0.6 gram  
Sodii chloridi puri 2.25 grams  
Sodii benzoatis 0.7 gram  
Aque destillatae  
q. s. ad 100.0 mls

Fiat solutio.

—New York Medical Journal, July 12, 1919. Earp, of Indianapolis, uses the following:

Mercury benzoate 2.00  
Sodium chloride 2.50  
Water dist. q. s. ad 100.00

M. S. Dose,  $\frac{1}{2}$  to 1 c. c.

This is efficient, showing physiological and therapeutical effect and in no case where used was pain evident. Medical Fortnightly and Laboratory News for October, 1919.

#### LINIMENTS WITHOUT ALCOHOL

How can I make good liniments without using alcohol? The high price of alcohol and the approach of a bone-dry nation causes me to plan on non-alcoholic liniments.

Comment.—Many liniments may be prepared without the employment of ethylic alcohol.

These, however, are limited to certain specific purposes.

On the other hand, the omission of ethylic alcohol from many present formulas for liniments is going to discount their effects. In many good liniments the alcohol is the chief therapeutic element and its omission is going to mean, no expected results.

Under no circumstances can wood alcohol, either the ordinary commercial, or the highly purified, nor even the synthetic, be used in place of ethyl alcohol in making liniments.

Ether will probably find some use in place of ethylic alcohol for liniment making, but it also has its limitations.

There is no other solvent so harmless, effective for liniments as is ethylic alcohol.

You may drop it, but you will miss it when you do.

To meet the above question, which has altogether a commercial aspect, we would say:

We can furnish you a large number of formulas for liniments containing no alcohol but would suggest you tell us how many liniments you wish to make and for what purposes they are to be offered for sale.

With such information at hand we will be in a position to more fully advise you.—The Meyer Druggist.

A liniment without alcohol would be the approach of the play of Hamlet with Hamlet left out. It you don't want to use alcohol, use an ointment, and yet we frequently use oil of vaseline, olive oil or the hydrocarbon oil, as a base and no alcohol. E.

#### FLATFOOT STATISTICS

The following statistics referred to by Walsham are rather interesting. During ten years Dr. Hughes in the St. Bartholomew's Hospital Clinics treated 1,078 patients for acquired flatfoot. The ages at which flatfoot was developed—by which he evidently means when they first came under his notice or when the patients first felt any symptoms—ranged from 2 and under (!) to 63 years old. Out of the 1,078 patients there were 754 under twenty years.

John Long, in Medical Times.

#### TREATMENT OF INFLUENZA PNEUMONIA

The conclusions of an article in the California State Journal of Medicine, by K. F. Meyer, L. E. McRoberts, J. E. Stickel, H. E. Brown and J. Wollenberg, are as follows:

In the determination of the effect of any treatment one must take into consideration the protean character of the pneumonias; an opportunity was had to judge of comparative results as each ward was in charge of a different attending physician. Although it was

necessary to institute a general plan of procedure no objection was made to individual treatment in the different wards. An opportunity was thus had of judging the comparative merits of the different forms of treatments.

It was found that the charts and results of an enthusiast in some form of treatment were duplicated and paralleled by the charts and results in other wards with treatment of an entirely different character.

The following was the general plan of treatment:

Absolute rest in bed. Avoidance of chilling. Cold sponges were not used. Aspirin was given for relief of initial pains and headache. The cough was best controlled by heroin and codein. Mustard pastes to the chest gave great relief and were of benefit.

Fluid by mouth and sodii bicarb, 2% and glucose 2% were given rectally by Murphy drip method.

Salines and colon flushes were used to cleanse the bowels.

Cardiac and circulatory stimulants were used both early and late. Digitalis, strychnine, caffeine, adrenalin, camphorated oil in large doses and strophantus.

Where there was evidence of much fluid in the bronchi atropine in large doses seemed to have an appreciable effect in lessening the fluid.

The following were used:

Leary vaccine in 68 cases—no appreciable effect.

Venesection—alone or followed by intravenous bicarbonate soda and glucose 2%—done on critically ill patients of the fulminating type. Temporary improvement, no permanent effect.

Leucocytic extract—no appreciable effect.

Convalescent serum—11 cases—not sufficient number to arrive at any conclusion. Discontinued on account of the number of positive Wassermanns.

In the treatment the toxemia was considered the most important factor. Results seemed directly dependent on the severity of the toxemia. That any form of treatment had a definite specific effect

in influencing or aborting the disease was not determined.

That any form of cardiac stimulation applicable to all cases gave appreciably better results could not be determined. Death was not due primarily to cardiac failure.

The most important single measure was rest in bed. Early to bed and late to rise.

#### HYSTERICAL HEMIPLEGIA

The report of a patient who was successfully treated at the Long Hospital, for traumatic neurosis, and reported in the November number of the Indianapolis Medical Journal, by Dr. James A. Wynn, makes the following abstract of especial interest:

A case of hysterical hemiplegia with some interesting clinical features is reported by H. H. Drysdale and J. S. S. Gardner, Cleveland (*Journal A. M. A.*, Oct., 25, 1919). The patient was a married man, a diver by trade, who had had good health during youth and no special history of family disease. He had been discharged from the United States Navy on account of malarial infection, May 10, 1904. After war was declared against Germany he applied for enlistment in the Army, but was rejected, for what reasons the authors are unable to ascertain; but it is presumed that the examining officers considered the fact that he had been discharged from the Navy as physically disabled. He was later accepted in the Canadian Service. Nothing special was noted until August 1, when he claimed to have been rendered unconscious while a member of a rescue party. From that time he had been paralyzed and had been treated in various hospitals. The neurologic symptoms were confusing. The first examination by the authors showed a contracted left hand, weakness and limp of the left leg, plus an apparently complete Babinski phenomenon of the left foot with a more or less pronounced clonus of the left ankle and patella. These clinical observations had been observed also by

Canadian medical officers, and influenced their diagnosis of an organic hemiplegia. The fact that the soldier sustained a slight flesh wound of the left scalp, followed by paralysis of the same side of the body, including the face, and that subsequent roentgenograms of the skull and Wassermann tests and spinal fluid were negative. The patient improved by suggestion. The treatment was largely moral.

#### HYPERTENSION IN YOUNG DRAFTED MEN

In the California State Journal of Medicine, Alvarez presents his experience in draft board work and closes with the following summary.

A large majority of a group of young men called in the second draft showed hypertension. This was often associated with an enlarged, irritable heart, a poor pulse response to exercise, and cyanosis of the extremities.

Many of these men were slackers; some were in custody. Many were bachelors and practically all were without responsibilities or productive occupations.

It seems likely that many of these men had evaded the responsibilities of life because they were physically defective.

Marked cyanosis of the extremities is proposed as an important sign of hypertension or of the hypertensive diathesis.

Hypertension must be watched for not only in the aged but in the young. The writer considers it as one sign of a hereditarily defective cardio-vascular-renal system.

#### PULMONARY CONDITIONS WRONGLY DIAGNOSED AS TUBERCULOSIS

In an article in the *Calif., S. J. of M.*, Voorsanger makes the following deductions:

1. We must recognize non-tuberculosis as a disease.

2. A large percentage, estimated at 10 to 16% of diagnosed pulmonary tuberculosis is not tuberculosis.

3. Too many of our returning soldiers are being classified as tuberculous when in reality they have perfectly normal lungs.

4. Errors in pulmonary diagnosis can be avoided by careful cultural examination of the sputum and the aid of the X-Ray.

5. The epidemics of 1917 and 1918 will produce a considerable number of lung abscesses whose diagnosis as pulmonary tuberculosis is inexcusable because fatal to the patient.

6. Early recognition and radical surgery are the means of combating acute and sub-acute purulent complications, such as lung abscess or localized gangrene of a lower lobe.

7. Primary tuberculosis in the adult, seldom or never begins as a basal lesion.

#### PROGNOSIS IN CARDIAC DISEASE

During the course of an article in the N. Y. Med Journal, Gordon Wilson says:

High blood pressure is of course recognized as being a cause of heart disease and not the result of it, and the treatment of the condition is one of the most unsatisfactory things that the medical profession has to face. From the viewpoint of prognosis it is well to bear in mind that a single reading showing high diastolic pressure (above 110 mm.) means a graver prognosis than a single reading showing high systolic pressure (above 150 mm.). In considering prognosis with hypertension the size of the heart is most important, and also the presence or absence of polyuria with a fixation of the specific gravity, especially at a low point, which means a grave prognosis. We all have had too many experiences with marked variation in the blood pressure of an individual to lay too much stress on a single reading unless it is abnormally high.

In regard to the study of the heart itself, the most important thing from the viewpoint of prognosis is the size of the heart and not the murmur heard. The size of the heart tells us how much

damage has been done, if we bear in mind how long the condition has existed, as shown by our history of a preceding attack of inflammatory rheumatism or chorea. I have at the present time a friend and patient whom I have looked after for some ten years. This lady is well over sixty years of age and has been an active worker for more than thirty years, acting as a matron of a boy's school and keeping a boarding house four stories in height and doing it well, which means frequent running up and down the stairs, in other words a large amount of exercise taken each day. When she was a small child, aged about three, she was diagnosed as having mitral stenosis, which diagnosis had been confirmed by every doctor who had seen her. She has a well marked systolic shock at the apex, a most characteristic presystolic thrill, and also a presystolic murmur at the apex with accentuation of the second pulmonic sound. Only within the past year has there been the slightest cardiac enlargement, and even now she has no symptoms referable to her heart, what symptoms she has being due to a chronic fibroid tuberculosis of long standing, and even these symptoms are slight. This case exemplifies to my mind how unimportant cardiac murmurs are when unaccompanied by symptoms, or signs of cardiac enlargement, and illustrates why I put cardiac murmurs the last on my list when considering prognosis and treatment.

In this paper you will note I have not included acute endocarditis, as I consider it a systemic disease with local manifestation in the heart just as typhoid fever is a systemic disease with local manifestation in the intestines.

To summarize, we say that in heart disease, from the viewpoint of prognosis and treatment, symptoms are first in importance, especially when combined with signs elsewhere than in the cardiac area; second, irregularities of the pulse, changes in rate and hypertension; third, the size of the heart, and, last of all, the murmur or murmurs heard.



### GONOCOCCEMIA AND METASTATIC GONORRHEA.

Goldstein in American Medicine, for Oct., 1919, concludes an article, as follows:

In regard to gonorrheal arthritis, first be sure that your arthritis is of gonorrheal origin. This can be ascertained by the history, the age, the sex of the patient, by the complement fixation test for gonorrhea, and of course, smears from the urethra and smears after prostatic massage will help. All of these cases have a focus of infection some place, and this is usually in the prostate or the seminal vesicle in the male and in the tubes and ovaries of the female. The gonorrhea cannot be eliminated unless you treat these foci of infection. The best method of treatment other than the rest and local treatment is the administration of large doses of anti-gonococcic serum, say up to 50 c. c. This is given best, ordinarily, in doses of 10 or 15 c. c. on successive days. The action of the serum is enhanced by the combined administration of mixed polyvalent vaccines in doses varying from a quarter of a billion to two, three or even four billions. In the more subacute or chronic cases, the careful administration of fresh vaccine in large doses seems to do more than the serum alone. The preferred method of treatment is a combination of the two. Occasionally on the eighth or tenth day following the administration of the serum there is an anaphylactic reaction. This can best be controlled by the administration of adrenalin, 1 to 1,000 in 15 minim doses every 4 to 6 hours, and a 100 th to 150 th of a grain of atropine hypodermically. Large doses of alkaline remedies, especially alkaline waters, can be given until the reaction subsides.

If the gonorrheal rheumatism does not then improve, one must keep on with the local treatment, prostatic and vesicle massage, etc. Then again, failure in improvement may be due to inadequate dosage of anti-gonococcic serum and anti-gonococcic stock vaccine; the intravenous administration of the serum, may act

more promptly in severe cases. Finally, don't forget that the tonsils, bad teeth and infected sinuses are the most frequent cause of an arthritis, and that this source of infection may be overlooked, even if there be a urethritis present.

### REFRACTIVE NEEDS IN CHILDREN.

Loomis in Minnesota Medicine, for Nov. 1919, makes this summary;

(1) There is no better guarantee of a child's welfare than prophylactic refraction and hence I would advise that every child be examined by an oculist before entering school.

(2) Childhood is the most important age in which to have the eyes examined and treated.

(3) About seventy-five per cent of the children treated had hyperopia or astigmatism or both. This means strain on the accommodation and when excessive results in squint, headache, nervousness, and hinderance in school work.

(4) The most common mistake made by the optician when he fits children without a mydriatic is that of mistaking spasm of accommodation for myopia and putting minus lenses on far sighted eyes, thereby simply increasing the error present.

(5) There should be a nurse to visit every school and make inspection.

(6) I would urge the profession to be alert to detect squint early and have a refraction made before seven years old if possible. You will find the child taking the glasses more graciously than an adult. Remember the old simile, "Just as the twig is bent the tree is inclined."

### THE PROFESSIONAL ANESTHETIST.

On the subject of the professional anesthetist there appeared an editorial in the November issue of the Indianapolis Medical Journal, and a News item, that Dr's Charles Cabaltzer and A. E. Guedel had been appointed consultants on the Indianapolis City Hospital, to represent this speciality. Some months ago, Dr. R. M. Waters, concluded an article in the Journal-Lancet, as follows:

Will you pardon the digression? It was merely to suggest to you that there is more to anesthesia than the watching of the drops as they fall from a Squibb's  $\frac{1}{4}$ -lb. can onto a gauze mask. Anesthesia is a subject of intense interest. It is a very young science, and I predict, it will advance very far in the next decade. Is it not worth while for one of you, in every group of physicians who work more or less in co-operation, to give it the special attention it demands? This does not mean, necessarily, an exclusive specialty. Every man must have a hobby. The art of administering anesthetics offers newness, interest, and good remuneration if it is done thoroughly and well. The time is near when the public will demand the best that is to be had in this line. The non-professional person cannot properly give an anesthetic. Do you not think it is "up to" more of us to adopt this orphan hobby?

In conclusion: if by chance any doctor present can influence a medical school curriculum one iota toward better instruction in the administration of anesthetic drugs, both general and local, I pray that he may exert all that influence. By that means only can the doctor of medicine of the future be saved the necessity, which must be yours and mine, of digging it out for himself.

Dr. Waters did seem to think the time was ripe for an exclusive specialty and Indianapolis has gone better—so it is better to lead than be led.

S. E. E.

#### OVERTRAINING THE NURSE.

More than fifty thousand deaths occurred during the influenza epidemic which might have been prevented had fairly efficient nursing been available, according to the estimate of a well known Chicago practitioner. Sharply criticising the short-sighted rules and regulations of law and health boards which require hospitals to admit only the super-trained nurse, the conclusion is reached that:

"The best class of nurses come from young women who have had good home

training, grammar school education, and who are from bread-winning families." Another writer believes "Nurses are frequently retained in training schools who are incompetent and unsatisfactory, because they have had one year of high school education in compliance with the requirements of the State Board of Nurse Examiners." Daughters of thousands of mechanics have been rejected from such schools because they have not been in position to obtain the one year preliminary, but are thoroughly qualified otherwise. It is pointed out that thousands of wounded soldiers obtained very efficient first aid, not from super-educated nurses, but from orderlies who had had very little except intensive training for a few weeks or months after they had been taken from the ranks.

We thoroughly agree that the trend of the times seems to point to a condition which will ultimately make candidates for the nursing profession fewer and fewer until the dearth of nurses will be felt throughout the country. There is no good reason why an intelligent woman should be required to give three years of her time in order to master the fundamentals necessary to carry out the orders of the attending physician. While thorough education of the nurse is to be encouraged and the completest information and instruction given her, it is not necessary to require a course of study substantially equivalent in time to that taken by the bulk of physicians under whom she must work. If the breaking-in process, drudgery, and similar time-wasting processes were eliminated from the three years' course required, at least one year could be profitably saved to the nurse, which in turn could be given to the care of sick people who are suffering for the lack of care they should have. As the matter now stands, the creation of the nurse from raw material savors much of the apprentice system of unionism. Each one, regardless of mental and physical fitness, goes through the same, often silly, course of preliminary work, each demands the same remuneration before and after finishing, without reference to

the amount of work performed or the superiority of the service rendered above that of her fellow worker.

The physician only requires his orders executed; to do this the nurse needs intelligence, energy and a sensible amount of training. That a course in anatomy and chemistry is necessary to this end is certainly debatable and much suffering could be obviated by instruction in the essentials, leaving the higher education of the nurse to postgraduate work as she develops taste and capability to receive it.—Editorial in Jour. Okla. Med. Assoc., Oct., 1919.

#### TANNIN ALCOHOL, SKIN DISINFECTANT.

Tannin alcohol (10 parts of a 20 per cent. watery solution of methylene blue added to 100 parts of 20 per cent. tannin alcohol) recently recommended by Wederhake as a useful skin disinfectant is said to be as effective as iodine tincture, without any irritating effect on the skin. Orimo established the following facts: (1) that staphylococci, streptococci, *B. coli* and *B. pyocyaneus* were killed within thirty seconds in vitro; (2) that the sterilization of threads impregnated with suspensions of the above mentioned microbes took place in from one to ten minutes, while it was affected within one minute by iodine tincture; (3) that the surface of the normal skin painted with this disinfectant, though not sterile, was almost free from pus forming microbes, as seen in the case of iodine tincture application; and a small portion of the skin, comprising all its layers, when put into a suitable culture medium, generally had growths of microbes belonging to the groups of *B. subtilis* and staphylococci, this also being the case for iodine tincture; (4) that this disinfectant was unable to penetrate as deeply into the skin as iodine tincture; (5) that in twenty-seven cases in which operation was done aseptically by this method of skin disinfection, all the wounds showed primary healing; (6) that this disinfectant was absolutely non-irritating to the skin.

**Arsphenamin Injection Followed by Jaundice and Pigmentation of Skin.**—Nagai's patient received an intravenous injection of a diluted solution of 0.3 gm. arsphenamin, and one week later a second intravenous injection of a concentrated solution of 0.6 gm. of neo-arsaminol was given. The jaundice and black pigmentation of the skin developed in about two weeks after the second injection, and the patient had the appearance of one suffering from Addison's disease, though he complained of no subjective symptoms. The jaundice disappeared in three months, and the black pigmentation of the skin, although much improved, was still traceable from deposits of pigment, after seven months.—Bul. of Naval Med. Assoc. of Japan, Tokyo. J. A. M. A.

#### SUPPURATIVE MASTITIS.

Clinton, in J. of Okla. S. M. A., gives this technic:

As soon as diagnosis is made, after thorough aseptic preparation,

(a) An incision in a line radiating from the nipple must be so placed as to afford thorough drainage to each suppurating cavity in the breast.

(b) The drainage is facilitated by use of pure gum fenestrated rubber tubes, and dressing kept moist by saturated solution of boracic acid.

(c) Breast must be supported.

(d) Patient must be kept in bed until all acute symptoms have subsided.

(e) Nourishing food and usual attention to elimination.

(f) Avoid hand contacting while dressing.

(g) Get patient up and out soon as conditions warrant.

#### FRANCE ADOPTS AMERICAN CHILD WELFARE METHODS.

Notification has been received at American Red Cross headquarters from the officials of the Seine-Inferieure, a section of France embracing approximately 2,000,000 people, that they have taken over and provided for the permanent maintenance of an organization for the

protection of mothers and children, installed by the Red Cross last year. Accompanying the official communication expressing France's gratitude to the Red Cross was a gold medal.

With headquarters at Rouen, the Red Cross work among the 40,000 French and Belgian refugee children was inaugurated about a year ago. The emergency organization has now become a permanent one in the prefecture and includes a model clinic for children, prenatal clinic for prospective mothers, dental clinic, school for social service workers, courses for midwives, school teachers and students maternity hospital capable of eventually accommodating 1,600, school for children accompanying prospective mothers, children's hospital with 100 beds and a model dairy farm that provides fresh milk and other nourishing food for children and mothers.

The success of the Red Cross plan has prompted the city of Rouen to place social workers in all its hospitals, dispensaries, public schools and normal schools and to provide playgrounds at all the primary schools. Additional dental clinics for the children are also to be established. The numerous requests from other parts of France for information concerning the plan indicate, according to officials of the department, that the system may be adopted, with slight modifications, throughout France.

Word of the action taken by the French officials reached here almost simultaneously with the arrival in this country of Major Walter R. Ramsey, of St. Paul, Minn., the American physician who organized the system and directed its operation up to a few weeks ago. Major Ramsey, associate professor of pediatrics of the University of Minnesota, is an authority on social service and child welfare work, being the author of several standard works dealing with the latter subject. He has served the American Red Cross overseas for more than a year. In recognition of what he has done for the children and mothers of the Seine-Inferieure—in point of population the second prefecture in France—the officials

presented him with a gold medal. He received another gold medal from the city of Rouen.

#### EFFECTS OF INFLUENZA ON PULMONARY TUBERCULOSIS.

Stivelman, in the New York Medical Journal for July 5, concludes an article as follows:

1. The epidemic of influenza appeared at the sanatorium several weeks later than at New York city, which is forty miles south, and only forty-eight hours later than in the nearest village, a half mile from the institution.

2. Tuberculous and nontuberculous subjects seem to have been equally susceptible to influenza, the incidence in each case being twenty-four per cent.

3. Early and advanced cases were equally affected.

4. Pneumonic consolidations occurred as frequently in the nontuberculous as in the tuberculous.

5. There was a mortality of 11.4 per cent. due to the epidemic.

6. Careful observation for four months, and re-examination of all patients so affected at the end of this period, showed that all the patients but two were none the worse for their experience, their general condition being as good as might have been expected normally.

7. So far there seems to be no increase in the number of tuberculous patients seeking admission to our sanatorium, as a result of influenza, and more cases are erroneously sent to us for treatment on account of basal lesions than in corresponding periods of the past two years.

#### TREATMENT OF ERYSIPELAS.

Dr. W. H. Guy (Jour. Cut. Dis., June, 1919) presents the observations made in the various kinds of treatment given in eighty cases of erysipelas in the dermatological department at Camp Travis, Texas.

The general treatment was largely

symptomatic; liquid diet, complete rest in bed; spongings when temperature became excessive; acetyl-salicylic acid to control pains; an ice cap for the relief of severe headaches; frequent urinalyses; particular attention to heart and kidneys, ingestion of quantities of cold water, and elimination being facilitated in every way. During convalescence the elixir of iron, quinin and strychnin was given in 2 dram doses before meals. Complications were treated according to their individual requirements.

As to local applications, the writer believes they have but little influence in limiting the spread of the infection. In the few cases in which they were employed, iced saturated aqueous solutions of magnesium sulphate or boric acid applied on strips of gauze gave more relief than any other preparation. Of the two, boric acid seems to be the choice; under its use no secondary skin infections were seen.

A polyvalent antistreptococcic serum was given in all cases, about 75 per cent. of which were influenced favorably. About 2 c. c. were given subcutaneously and an hour later 20 c. c. given intravenously. In highly toxic cases it was found advantageous to give from 40 to 100 c. c. The earlier the serum was given the more prompt was relief.

No fatalities in the whole series. The average febrile period was nine and one-half days. Second attacks developed in three instances. Very few complications.—*Critic and Guide for September, 1919.*

#### ECLAMPSIA: ITS PREVENTION AND TREATMENT.

A. Laphorn Smith considers eclampsia a preventable disease, and one which in a few years, like many others equally fatal, might be made entirely to disappear. He believes that many of the lives lost by the "wait and see" method of treatment might be saved by a policy of prompt action. The presence or absence of albumin in the urine is such a sure diagnostic test that if routine examinations were carried out by doctors at the

end of the sixth, seventh, eighth and ninth months, and if all midwives and nurses would instruct all women whom they were engaged to attend regarding the importance of going to a doctor for examination of the urine two, three or four months before delivery was due, practically every case would be detected in time to be treated so that convulsions would be prevented. When albumin is detected in an early case the examination of the urine every week is a wise precaution. Another point that has been well established is that the amount of albumin in the urine can be greatly reduced, as well as the quantity of toxins, by a certain diet, while they are both increased by other articles of food. Another point that has come to be recognized is that the toxin is either urea or one of the products of nitrogen. Hence, abstention from fish flesh, or fowl is at once followed by a marked decrease in albuminuria. As soon as albumin is detected in a pregnant woman's urine in a slight amount, she should be instructed to dress warmly and to avoid cold and wet, to drink larger quantities of water, and, if she can afford it, to give the preference to mineral and alkaline waters, such as Vichy, of which she should use not less than a bottle a day. If anemic she is given mild preparations of iron to make up for the cutting down of her allowance of meat, although she may continue with fish as long as the albumin is lessening or absent. In addition alkalis should be administered, a very useful one being mist. rhei et sodae suitably flavored and disguised. Exercise should be encouraged, either as work in the house or walking out of doors. When a woman comes for the first time at the end of the sixth month with a considerable amount of albumin, she should be put to bed on an absolute milk diet, and hygienic and other dietetic measures may then keep the amount of albumin within safe limits. When hesitating about interrupting the pregnancy we must keep in mind the danger of injury to the brain. A number of cases of paralysis are on record, and the writer has seen two due to brain lesions during the first convul-

sion. Chloral, chloroform, veratrum viride, and venesection should be discarded, because they lower arterial tension and bring about a condition akin to shock, so that the woman is in a bad condition to undergo any surgical procedure. On the other hand, a hypodermic of morphine, one-half grain with one-hundredth of atropine, is effective and does not stop the secretion of urine as has been supposed by some. One should also promptly supply water either by mouth or per rectum. If, after having done these things, a convulsion comes on, all are agreed that there must be no delay in emptying the uterus with the smallest amount of trauma and shock possible. All procedures included under the term accouchement force must be discarded, as well as vaginal cesarean section, and craniotomy. Abdominal cesarean section, performed by an experienced operator, is one of the safest operations in surgery for the mother, and enormously increases the chances of the child if performed after the end of the seventh month. One well known operator has operated on 550 cases of eclampsia within one hour after the first convulsion without a single death. The best time to operate is before labor begins. A case of eclampsia must not be regarded as a one-man case. There must be three doctors and a good trained nurse if every case is to be saved.—British Med. Jour. and Medical Record.

#### ON THE EFFECT OF ANTIPYRETICS ON THE HEARING.

In the American Journal of Physiology for June, 1919, Machet, Greenberg and Isaacs tell us of the effect of a large number of antipyretic drugs and their combinations on the hearing of normal human subjects. The following drugs were utilized: acetanilid, acetphenetidin, pyramidon, antipyrin, lactophenin, melubrin, salol, aspirin, sodium salicylate, and quinine. The following combinations were also studied: acetanilid plus sodium bicarbonate, acetanilid plus salol, acetphenetidin plus salol, antipyrin plus aspirin, antipyrin plus salol, acetanilid plus acetphenetidin, aspirin plus salol,

and some others. It was found that some antipyretics decrease the acuity of hearing, while others increase it, and that certain combinations produce unexpected synergistic effects. Among the most interesting findings are the following:

Acetanilid, aspirin and salol each markedly decrease the acuity of hearing. Antipyrin, pyramidon and acetphenetidin all tend to render the hearing more acute. A combination of acetanilid with salol instead of decreasing the hearing actually renders it more acute. A very interesting observation is the one concerning the combination of acetanilid with sodium bicarbonate. It was found that while acetanilid definitely decreases the hearing, when given alone, and while sodium bicarbonate produces no change in the acuity of hearing when administered by itself, a combination of acetanilid with sodium bicarbonate actually increases the distance limit of hearing in the same subjects. Some experiments have been made with the object of explaining the latter phenomenon. The complete data will be published in the Journal of Psychology.—Therapeutic Gazette.

#### VALUE OF EVAPORATION.

The coldest period of the day is usually a few minutes after sunrise. This is owing to the fact that when the sun first strikes the earth it causes the evaporation of a chilling moisture.

When a patient is given a sponge bath, the same thing is true. The rapid evaporation of ether from the surface of the body will prevent pain during a minor surgical operation. Evaporation of the perspiration from the surface of the body cools it and prevents sun stroke.

S. E. E.

"Did you try the simple plan of counting sheep for your insomnia?"

"Yes, doctor, but I made a mess of it. I counted ten thousand sheep, put 'em on the cars and shipped 'em to market. And when I'd got through counting the wad of money I got for them at present prices it was time to get up."—Pharmacal Adv.

## VIEWS ON DIET

Views on diet vary widely. Some insist that man requires little or no meat; in fact, that he is naturally essentially vegetarian. Others express the opinion that milk is the most valuable food and that to have a shortage of milk is a public calamity. On the other hand, there are many who still retain their belief in the nutritive, invigorating and health-giving properties of meat and hold that there is no efficient substitute. Dr. Harry Campbell, who writes on the subject in the July number of the Practitioner, presents a brief for meat and, at the same time, criticizes adversely what he terms the extravagant views which prevail as to the food value of milk. Or to be strictly accurate, he points out that after lactation a child does not require milk. Indeed, he asserts that cow's milk, while a good enough food if pure, has destroyed hecatombs of children through tuberculosis, and it has further operated injuriously by favoring an undue consumption of the messy "milky" pudding which is swallowed without any attempt at efficient mastication. Campbell lays down the definite proposition that milk in any shape or form is not necessary for the weaned child. As for meat, he contends that man is not vegetarian by nature because in the evolution the pre-human ape abandoned the forest and became a hunter solely on account of his instinctive craving for animal food. Therefore, animal food is to be regarded as a natural food for man.

Although there are many who do not agree with Campbell or only partially agree with his views as to milk and meat, there are few who disagree with his opinions regarding the need for mastication and the ill effects produced by the constantly increasing quantity of foods which call for little or no mastication. In consequence of this tendency and because of cooking no laborious mastication is demanded to break up the non-digestible cellulose framework of the starchy foods; the starch is not well mixed with the saliva, great strain is thrown on the digestive organs and indigestion ensues. Moreover, and hence,

the jaws, teeth and salivary glands are insufficiently exercised, with the usual results.

Like several other medical authorities of note Campbell makes very severe strictures upon the immoderate use of sugar and advocates the consumption of butter, margarine, bacon fat or dripping rather than jam with bread. He thinks that a taste for salads should be cultivated early in life and avers that far too little raw vegetable food is consumed, and that the people of England are too fond of soft puddings and sugar. The criticisms of the British author apply with greater force to the manner of food eaten in this country than in Great Britain. Soft, predigested food appears to have become a habit here and the consumption of sugar is larger than anywhere in the world. It would be well if more hard food was eaten, both because the highly milled foods are lacking or deficient in the vitamine element and they provide practically no exercise for the jaws. Campbell propounds the following sound general rule: eat in moderation what you can best digest, and chew all starchy foods thoroughly.—New York Med. Jour.

## ADHESIVE PHRENOPERICARDITIS.

The diagnosis of pericardiac adhesions is often a matter of difficulty. They are sometimes supposed to exist when in reality there are none and as shown by autopsies they are as frequently overlooked during life. Radioscopy has rendered much service of late, particularly in the case of phrenopericardial adhesions. As to the symptomatology, the patient complains of oppression, palpitations and pain in the precordial area. The oppression follows an effort, sometimes from walking or during digestion. The pain which worries the patient, is characterized by a feeling of weight, thoracic constriction or a pinching sensation in the left side of the thorax. Occasionally the pain assumes the clinical aspect of angina pectoris and extends to the left shoulder and arm. Given these symptoms, the physician is naturally led to search for the usual causes

of angina pectoris but a most minute examination fails to disclose the presence of aortitis, arteriosclerosis, chronic nephritis, or diabetes.

However, some cardiac phenomena exist, of little import undoubtedly, such as tachycardia, a doubling of the first sound, and an indistinctness of the cardiac sounds. Nevertheless, the examination denotes valuable signs as far as inspection and palpation are concerned, because whatever method is used the apex shock cannot be elicited either during deep expiration or when the patient lies on the left side. The diagnosis therefore wavers between a cardiac symphysis, angina pectoris, and irritable heart, but radioscopy will furnish the solution of the problem. The left cardiophrenic sinus is opaque, the opacity forming a triangle with the base at the diaphragm, the apex at the lower portion of the border of the left ventricle. This represents a band uniting the heart to the diaphragm and should not be mistaken for a thickening of the pericardial layers or for a collection of fat, all the more so that during their respective movements the diaphragm and heart are hindered.

Recent writers have pointed out that during deep inspiration the external limit of the triangular opacity comes near the ventricle and seems to spread between the heart's shadow and the contour of the left diaphragm whose movement of descent is notably limited. When the apex of the heart descends it no longer approaches the median line as in the normal state, but becomes displaced vertically or slightly outwards. When the patient leans to one side or the other the heart apex remains immovable or does not become displaced except when the patient leans to the left, the only position in which a triangular adhesion can allow the heart its normal play.

Generally speaking, the paroxysms of the pseudoangina occur in the day after some exertion or emotion and rarely take place at night. They are also irregular in the dates of their appearance. The angina syndrome naturally finds its explanation in the hindrance caused to the

heart's functions; there is neither stenosis of the coronaries, neuritis, nor neuralgia. The etiology of phrenopericarditis is that of all types of cardiac symphyses, rheumatism, tuberculosis, infectious diseases and very rarely acute diffuse pericarditis. The initial phase of the affection is latent and it is only after the lapse of four or five years that the onset of symptoms occurs. The prognosis does not appear to be bad but it is logical to suppose that cardiac dilatation and asystolia must eventually arise.—N. Y. Medical Journal.

#### TUBERCULOSIS OF THE WOMB FROM COITUS.

Dr. G. A. Moore (Surg., Gynec. and Obstet., July, 1919) believes there is sufficient evidence in the literature to prove that coitus is the cause of many cases of genital tuberculosis in women. In coitus bacilli are brought in contact with the female genitals in two ways: first by handling the genitals before coitus with hands soiled with tubercle bacilli or by the use of sputum for a lubricant from a person with pulmonary tuberculosis. A case has been cited (Hammer: *Ztschrift f. Heilk.* xxi., n.s.) where a husband with pulmonary tuberculosis used his sputum for lubrication at coitus. His sputum contained tubercle bacilli. His wife became infected and at autopsy tubercular tubes were found. We have no statistics to show how many cases of tuberculous lesions of the cervix are due to some lesion in the husband. Probably all of the primary cases can be attributed to this cause and doubtless a large percentage of the secondary cases.

There is such close similarity to cancer in nearly every form of tuberculosis of the cervix that a specimen for microscopical study should be taken in every case. The subjective symptoms of tuberculosis of the cervix are rather vague and indefinite. The most common symptom is leucorrhea. Slight bleeding after coitus is fairly frequent. Clinically the diagnosis is in all cases difficult. All types and stages of the disease resemble



carcinoma. Pain which is a characteristic symptom of carcinoma is slight and indefinite in tuberculosis. The coexistence of carcinoma and tuberculosis which has been reported by several authors should not be forgotten.

The treatment should be directed toward a complete eradication of the disease. Medicine and hygienic treatment are of little avail. Amputation of the cervix, preferably with a cautery or cauterization of infected areas in the cervix, followed by the application of caustics, such as zinc chloride or caustic potash or antiseptics has been advised. The curette should be avoided owing to the danger of disseminating the infection.—Critic and Guide.

#### DANGER IN REMOVAL OF IMPACTED LOWER THIRD MOLARS.

Nodine, in N. Y. Medical Journal for November 8, says:

The removal of these lower impacted third molars is a surgical operation and not a simple extraction. Because of the anatomical location of impacted lower third molars and the not infrequent unfavorable conditions under which their removal must be effected, certain definite dangers, in addition to those common to other surgical operations, must be anticipated, so far as possible, and guarded against.

The inspiration of blood.—In patients deeply under a general anesthetic, lying in the supine position, the blood may easily drain into the trachea in such quantities as to fill the bronchi, flood the lungs and cause instant death. This has been a frequent cause of fatalities during mouth operations.

Pneumonia.—The inspiration of bacteria laden blood or saliva may produce septic pneumonia which may lead to a fatal termination. Both of these dangers are greatly reduced if not completely overcome when conductive anesthesia is employed.

Hemorrhage.—The immediate loss of blood, if unchecked, may be a serious menace to the vitality of the patient. A secondary hemorrhage may be difficult

to control and serious in its results. Careful packing will guard against this.

Hemophilia.—The danger and difficulty attendant upon the management of a bleeder with wounds of this character in the mouth are serious and perplexing. The most reliable agent under such conditions is horse serum.

Fracture of the jaw.—Unless the technic outlined or a similar one is carefully carried out, with particular emphasis on the "carefully," the danger of fracturing the jaw or causing temporary or permanent ankylosis or injury to the nerves must not be lost sight of.

General infection.—Every effort should be made to guard against this by carrying out a careful and aseptic technic.

Failure to secure the tooth.—A lower molar suddenly forced out of its socket may be swallowed or become lodged in the trachea or bronchi, causing suffocation or death.

The fatalities that have resulted from these causes may be traced in many instances to haste in operating, the failure to secure a good radiograph, the failure to look upon the removal of these teeth as a surgical operation, the neglect of aseptic precautions and the carrying out of a careful technic.

#### DRESSING FOR NON-SYPHILITIC ULCERS.

The Medical Record cites Morlet (J. de Med. d. Bordeaux) who recommends the following dressing for non-syphilitic ulcers:

The raw surface of the ulcer is first cleansed with alcohol and the edges cleared. Strips of gauze impregnated with this paste, heated, are applied over the wound. This dressing can be left in place for ten days or a fortnight. One or two dressings, according to the size of the ulcer, are required, and seldom more. To promote the formation of a good epidermal covering, the patient is allowed to get up and walk about at times, so as to obtain a mechanical action of the dressing, in the nature of a massage, upon the wound.—Critic and Guide.

**BENZYL BENZOATE AS AN ANTI-SPASMODIC.**

Dr. D. J. Macht (J. A. M. A.) has tried benzyl benzoate with beneficial results in cases of excessive peristalsis or excessive spasm of smooth muscle. Thus in diarrhea and dysentery remarkable results were obtained. Diarrhea of long standing, both in young and old persons, were quickly checked by a brief employment of benzyl benzoate by mouth.

Spastic constipation in which there was a tonic spastic condition of the intestine was relieved. A number of patients with vesical spasm of the urinary bladder were treated with remarkable results. It proves very beneficial in renal, meterial and biliary and uterine colic. In two patients with spasmodic pains originating from the contraction of the seminal vesicles great relief was experienced after the administration of the drug. It was found that the administration of benzyl benzoate by mouth markedly lowered the blood pressure in practically all cases of arterial spasm.

Benzyl Benzoate was given by mouth to a large number of nephritics over long periods of time. No deleterious effects on the kidney function have been noted in any of them, while the hypertension was greatly improved in most of them.

The benzoate was administered either in the form of an alcoholic solution, or dissolved in oil, in the form of capsules. Occasionally, intramuscular injections were employed, in which case both the benzyl benzoate and the benzyl acetate were given in oil.—Critic and Guide.

**PREVENTION OF TOOTH DECAY.**

The question of the prevention of tooth decay is extremely important in our time. There is a whole series of uncomfortable and often serious pathological conditions of synovial membranes whose etiology is sometimes considered to be due to either focal infection or the absorption of irritating toxic materials from the neighborhood of infected teeth. As a result more teeth have been pulled in the last few years than at any time during the last

generation or more. Undoubtedly some of these teeth have been pulled without any good reason in flat foot cases and painful muscular conditions of various kinds, called rheumatic but really due to mechanical difficulties in the use of muscles. There are, however, many cases on record in which the removal of infected teeth has been followed by a prompt clearing up of serious symptoms which had proved intractable to many different forms of treatment.

The preservation of the teeth has thus become one of the important problems of modern medicine as well as of dentistry. This involves the recognition of the factors which in older times enabled so many people to carry all of their teeth with them throughout life without ever suffering from any serious disturbance. Most of the animals who live under natural conditions suffer very little from their teeth, and a number of savage peoples, now as well as in olden times, have preserved their teeth very well. An analysis of the elements in the dietary of these people helps us to understand how this came about. The application of principles underlying their successful preservation of the teeth might well serve to keep the teeth of mankind in our civilized time at least in a better condition than they have been in the immediate past, even though we might not be able to preserve the teeth with that perfection which characterizes so many of the skulls from old graves that have come down to us.

The principal element in the dietary of these people which differed from ours and which evidently made for the benefit of the teeth was the presence in it of materials rather tough to chew and requiring vigorous mastication before they could be swallowed. Almost needless to say, we have eliminated practically all of these from the modern civilized diet. We hire cooks apparently with the main purpose of having them prepare the food so that as little chewing as possible will be required before swallowing it. We mash our potatoes, we puree our peas, we chop our spinach so fine that it needs only to be shoveled in with a fork, rolled

on the tongue a couple of times, and then swallowed. Our meat is now refrigerated for at least a month, as a rule, before it is served on the table and this takes most of the toughness out of it. After three weeks of refrigeration practically all the rigor mortis has disappeared and the chewing of meat is comparatively easy. We must all have fresh bread. When bread requires chewing in our time it is because it is hard and brittle and not because it is firm and tough. Crispness in bread is gracious to the palate, but it is not nearly as good for the teeth as the tough, crusty bread of the older time, often eaten when it was five or six days old and when it required vigorous chewing. A crust of such bread, eaten with an old time, rather tough steak, would remove all deposits from the teeth much more effectively than a tooth brosh.

We have found out some very interesting things with regard to the tougher elements in the old time dietary. It was common custom at one time for people to eat raw turnips and carrots. Most men of middle age who were brought up in the country will doubtless recall that raw fruit was much more commonly eaten then than it is now. Raw cabbage, and especially what the children called "cabbage stumps," that is, the raw center of the cabbage, were very commonly eaten. All these were tough materials requiring vigorous chewing and at the same time supplying firm surfaces against which the teeth had to rub in the process of mastication.

We have been taking out of life just as far as possible the necessity for vigorous use of the teeth, and inasmuch as we have done that we have been doing harm rather than good to the mouth. The gums and mucous membranes generally are less healthy when the necessity for vigorous exercise is taken away from them. Nothing will clean the surface of the tongue so well and give a good taste to the mouth in the early morning as chewing on a crust of tough bread or welldone toast. We have been beginning breakfast with mushy cereals which have very little effect on the

mucous membranes, and if most of the breakfast is composed of soft materials, eggs, creamed potatoes, and soft rolls following the cereal, then we shall have nothing to renovate the surface of the mouth properly.

Manifestly, if we are to preserve the teeth, we must put back into the diet materials that require vigorous chewing and, by their mechanical friction while being chewed, help to cleanse the teeth and reinvigorate the mucous membranes.

—N. Y. Medical Journal.

#### THE TREATMENT OF INFLUENZA WITH NOVARSENOBNZOL.

During the pandemic of influenza, which is still smoldering, many cases of the serious types of the infection, which resisted all methods of treatment, have been encountered. In these circumstances, many new treatments have been tried with the almost exclusive object of discovering an energetic antinfected remedy, and among them should be mentioned novarsenobenzol. In reality, when Bruhl and Franck first resorted to this drug in the serious forms of the grippe, they did so because they regarded the arsenic compound as a powerful parasiticide when employed in the case of the spirochetes, and also upon the hypothesis—which will remain plausible so long as uncertainty exists as to the true pathogenic agent of influenza—that spirochetes are not, perhaps, foreign to the origin of this disease. Whatever may be thought of this supposition, the idea of employing novarsenobenzol exclusively in the severe types of influenza is not devoid of interest. Bruhl and Franck first used the drug by mouth in the form of compressed tablets, each containing ten centigrams of novarsenobenzol, at the daily dose of three to four tablets, in cases where the influenzal symptoms continued for a fortnight or more. Some patients thus took in all five grams, or even more, without any untoward results.

In the most severe forms of influenza the drug was given intravenously at the dose of thirty centigrams to the injec-

tion and this was repeated, according to the individual indications, on two or three days in succession or with an interval of two or three days. In the latter circumstance the drug was given by mouth in order to complete the intravenous treatment. Again, no untoward symptoms were noted and the writers found that in certain forms of grippe with albuminuria or diarrhea these symptoms were overcome by the treatment. If the results obtained from this medication are examined it will be noted that, in a general way, the evolution of the disease was quickly modified; there was a gradual—not sudden—defervescence lasting several days while the physical signs continued their evolution in apyrexia.

Bruhl and Franck treated a total of thirty-eight cases of the serious forms of influenza with novarsenobenzol with eight deaths, a mortality of twenty-one per cent. There were ten males, three of whom died; five of them presented severe infection and were given intravenous injections. Of these five, three recovered. On the other hand, twenty-eight females, thirteen of whom were severely infected, were treated only with tablets and all recovered. Fifteen others were desperately ill, six being treated by intravenous injections and nine by tablets. In the latter series there were five deaths, three occurring during the night of their arrival at the hospital, or on the following morning. These statistics were made during the last half of October, 1918, at a time when the epidemic was particularly serious and patients were brought to the hospital practically moribund. Bruhl and Franck believe that many of their patients recovered who would have died otherwise, and they point out the harmlessness of novarsenobenzol in the treatment of several acute diseases.—N. Y. Medical Journal.

#### NICOTINISM AND TUBERCULOSIS.

That there is an abnormal incidence of tuberculosis infection among cigar-makers and a very high rate of infant

mortality among the children of tobacco workers cannot be denied. But other factors besides nicotinism contribute to these results. Low wages and a consequent debased standard of living, insufficient or unsuitable food and bad housing conditions enter into the equation. But when to such depressing influences is superadded the incubus of nicotinism, the cumulative effect often breaks down the physiological resistance of the worker.

To safeguard tobacco workers against nicotinism, Italian factory inspectors recommend that the workroom shall have adequate natural ventilation and a cubic air-space proportionate to the number of employees; that a refectory, separate from the workroom, be provided, and that the working day shall not exceed eight hours.—*Bolletino*, May and June, 1915.

Thiele goes further. He advises the rigid exclusion of girls from tobacco factory employment. To minimize the danger of tuberculosis he would increase the distance between the seats of the workers, keep the rooms as free as possible from dust, and prohibit spitting on the floor. In addition to these measures, he urges the necessity of strict sanitary supervision over the factory personnel, frequent examinations of the workers, and the immediate retirement of such as are frankly tuberculous.

He insists also on the importance of training workers to habits of cleanliness, and pleads for the provision of washing and bathing facilities for the employees. and the prohibition of alcoholic beverages finally, he utters the warning that all such means of prophylaxis will avail but little as long as home work in the cigar industry is tolerated, since, as a rule, sanitary conditions are not so good in the home as in the factory.

As already intimated, American sanitarians have had little to say concerning the unhealthy conditions which prevail in tobacco factories. This fact must be regarded, however, not as evidence of intentional neglect, but as an inadequacy due either to lack of opportunity for observation or to that over-familiarity with danger which is said to breed

contempt for it. Yet, since the worker in tobacco manufacture is everywhere subject to conditions which are practically identical, the same general principles of prophylaxis which foreign experience has tested and approved are applicable in the field of our own domestic industry.—W. H. Rand in Medical Council.

#### TREATMENT OF ANGINA PECTORIS.

No greater or more responsible duty confronts the practitioner than to properly guide and treat the patient who suffers from angina pectoris. Each case should be studied from every possible angle. We should be familiar with the condition of the myocardium, the cardiac reserve, the condition of the vessels and the blood pressure, the renal functioning, the condition of the gastro-enteric tract, the amount of sleep, the exact character and amount of work, whether physical or mental, the habits of the patient as to excesses in eating, drinking or smoking, and the presence of any constitutional disease or vice which predisposes to angina, such as gout, diabetes, or nephritis. We should be fully conversant with the character and frequency of the attacks and whether they are of the mild or major type. The exact exciting cause of the attack should be carefully sought in each case and, if ascertained, rigidly prohibited. The question if syphilis, because of the role which it plays in the causation of this complex should be most carefully investigated and a Wassermann reaction should be carried out in each case, so that early intensive antiluetic treatment may be instituted. The patient should be properly advised in regard to the selection of diet. He should be urged to eat sparingly and warned never to exercise directly after a meal, or to eat heartily at night, and the use of tobacco should be limited or absolutely prohibited. He should have the maximum amount of rest, with freedom from worry and anxiety. Exercise should be limited to moderate walking on the flat, short of

producing precordial distress, dyspnea, or fatigue. Carriage or automobile riding is permissible. If possible the winters should be spent in the South, so as to avoid the inclement weather of the North. For the paroxysm, the nitrites so long ago pointed out by Sir Lauder Brunton, are almost specific, although one sees now and again a case where they actually fail to bring relief. I am fond of using at the onset inhalations of amyl nitrite, and this to be quickly followed by good stiff doses of nitroglycerin, and don't be afraid to use it. I prefer to use the one per cent. alcoholic solution dropped just beneath the point of the tongue in the sublingual region. If relief does not speedily come from the nitrites, then recourse should at once be had to morphine and atropine. This latter drug will also help to stave off vagus inhibition. Additional doses of atropine should always be used if faintness, marked slowness of the pulse or an intense feeling of impending death should come on, for it is generally believed that those sensations are in part or wholly due to vagus inhibition. Atropine dilates the peripheral vessel and probably the coronaries.

One marvels at times, in gouty patients, with the relief that comes and the increase of the interval between the attacks or their complete cessation, following the use of colchicum with eliminants.

Well do I remember a case of a man who had had repeated minor attacks of angina while suffering from gouty manifestations, which were entirely relieved with colchicum an occasional blue pill, plenty of water, and the citrates. He died, however, some years later, from myocardial insufficiency following a status anginosus—coronary thrombosis.

I have never seen any remarkable effects from the use of theobromin or the caffeine products given with the idea of improving the coronary circulation through vasodilation.

Chloroform inhalations sometimes may give the only relief in severe anginoid paroxysms. I remember the case of a prominent clergyman, a great suffer-

er from angina, whose only relief came from chloroform inhalations, though the nitrites, morphia, stimulants, antispasmodics, and other sedatives, had been frequently used.

Cases of angina associated with or followed by myocardial insufficiency, particularly those cases associated with auricular fibrillation, flutter, or alternation, should receive digitalis until relieved and then be treated for long periods of time with small tonic doses.

After the paroxysm passes the patient should be advised to rest absolutely for a period of several days, and should be carefully coached in regard to diet elimination, exercise, and work.

The iodides, administered for long periods of time, are of unquestionable value in the treatment of angina pectoris. They lessen the severity of the pain and widen the interval between the attacks, and in some instances cause their cessation.

I have had no personal experience with the use of blood letting in angina pectoris. Some clinicians, however, are in favor of it in the hypertensive cases associated with angina pectoris.—Gordiner in *Medical Record*, Oct. 4.

#### TREATMENT OF CARDIOSPASM.

It is evident from the experiences Benjamins reports that a different mechanism may be responsible for the spasm in different cases, but that usually the spasm is in the lowest segment of the esophagus and not in the cardia itself. General measures to reduce the tendency to spasm should be supplemented by systematic dilatation under esophagoscopic control. If this has been given a thorough trial and failed, an operation should be recommended. In two of his three cases of simple spasm, it was overcome by a single introduction of the olive tipped catheter. In the third the simple spasm passed into a phase of spasmodic contracture. There is a sensation of oppression, generally ascribed to the stomach itself. The lively antiperistalsis causes the food accumulating in the esophagus to be expelled, especially when

aided by retching movements. In five of the patients the retention caused great distension of the esophagus, and in two others cicatricial degeneration had actually closed the lumen, compelling an operation. Guisez had fifteen cases of cardiospasm in persons from 60 to 89, and two of Benjamins' patients were men of 54 and 64. Radioscopy with the contrast meal with a small metal ball is usually instructive, but esophagoscopy is conclusive. In one man of 73 with symptoms of cardiospasm, not until the sixth examination did the catheter slide into the stomach and allow the discovery of a nodular cancer in the upper portion. Treatment should be that of spasm in general; the recovery in all his cases confirms that there was no paralysis. The tube is sometimes gripped by a spasm, and spasms elsewhere in the body may accompany the cardiospasm. He dilated the cardia with a set of olive tipped sounds passed through the esophagoscopic tube. The irritation from imperfectly chewed food may be the cause of the spasm. In four of his nine patients he found a large chunk of meat or of some fruit in the esophagus content. But there is probably some predisposing factor besides. The exaggerated reflex irritability is combated by passing the sound through the cardia, training the latter to allow the passage of other substances, so that it does not react with the spasm to the passage of food.—Ned. Tij. V. Gen. Amsterdam, J. A. M. A.

#### DEMENTIA PRECOX.

Meager concludes an article with the above title in the *N. Y. Medical Journal* for September 27, as follows:

1. The prevalence of this condition and the seriousness of the prognosis in most cases make it necessary to study each patient carefully. In this way we can avoid diagnosing a case of dementia precox as neurasthenia, or some other benign condition; and thus prevent much future trouble, and worry to the families of these patients.

2. Besides the patients in the hospitals there are numerous cases of this psycho-

sis, especially incipient ones, walking the streets. There are also thousands of potential precox patients in civil life who only need some stress, strain, or new conflict to develop a psychotic episode. It is well known that incipient dementia praecox is the cause of much crime and asocial conduct.

3. It is impossible to fully understand a case of dementia precox, without having a very clear idea of the patient's character and temperament. The episode may be only a transitory affair. But his constitutional makeup is permanent, and may need very careful attention, if he is to stay well and be a useful member of society. Certain addicts of alcohol, morphine, and other drugs should be classed where they really belong, as potential or incipient cases of dementia precox. By classing them in this manner, the proper procedure can be followed for their care.

4. Besides the fact that a number of these cases recover, many others show but a slight deterioration, and these may be able to get along quite well in life, only at a reduced and less complex level.

5. An interpretative study as recommended by Meyer is not only more valuable than the descriptive and biochemical attitude of Kraepelin, but it gives better results; and incidentally it makes the study of the subject much more fascinating.

6. Whether one believes in what is commonly known as psychoanalysis or not, should not prevent one from making a careful psychological study of the complexes and underlying conflicts in each case. This is necessary to achieve results.

7. Do not invariably take too pessimistic a view as to the prognosis. Many cases properly managed are curable; and many others can be made well enough to maintain themselves in society.

A Washington man tells of a dinner at a hotel in that city at which were a number of gentlemen interested in various reforms. About the most conspicuous of these was a man who talked loudly against both vivisection and the eating

of meat. He afforded great interest to a certain obscure physician.

Toward the end of the dinner the latter leaned forward and said to the man first mentioned:

"Pardon me, but am I to understand that you are both an anti-vivisectionist and a vegetarian?"

"Your understanding is correct."

"Then," continued the doctor, "you will probably be greatly shocked to learn that you have just eaten a live caterpillar with your lettuce salad."—*Pharmacal Advance*.

### HYPERTENSION.

Roland Cummings reports a study of one hundred and fifty cases of hypertension, which was published in the *California State Journal of Medicine*. In conclusion he says:

I might add the following lessons and impressions received during this study.

Nephritis does not play so important a part in hypertension as was formerly believed.

There is a large group having increased blood pressures who can be cured if gotten early, and greatly relieved if gotten later. All possible causes must be carefully searched out and radically treated, e. g., apical abscesses, chronic tonsillitis, chronic constipation, gall bladder or appendix inflammations, all pelvic and prostate infections, as well as the proper treatment of thyroid diseases. In addition, nervous habits must be changed, which in itself may mean the complete re-education of the patient. Too much emphasis cannot be placed upon insisting that a proper amount of rest and sleep be had.

The great frequency of increased pressure at the time of menopause. Every woman should have her blood pressure frequently taken during "the change," especially if hot flashes and nervousness are present. The marked relief of these symptoms by the use of bromides and internal secretory extracts, has been most gratifying. And finally I wish to emphasize the importance of sustaining blood pressure to the point indicated by the amount of kidney involvement.

**MEDICAL MISCELLANY.****CHRISTMAS—APPRECIATION.**

The management of the Indianapolis Medical Journal desires to express its appreciation of the loyalty of its friends during the past year and extend its heartiest greetings for a most joyous Christmas and New Year.

I like the Christmas feeling; there is nothing can compare  
With the free and kindly spirit that is spreading everywhere;  
The rich, the poor, the young and old, all catch its atmosphere,  
And every heart for once is full of good old Christmas cheer.

—JOE CONE.

Holly at the window pane  
Fields snowy white,  
Merry bells a-tinkling,  
Stars shining bright.  
All the world a-smiling,  
Good will to spare,  
Gracious thoughts and  
Generous thoughts,  
Christmas in the air.

—GIDDINGS.

**RING OUT, WILD BELLS.**

Ring out, wild bells to the wild sky,  
The flying cloud, the frosty light;  
The year is dying in the night;  
Ring out, wild bells, and let him die.

Ring out the old, ring in the new;  
Ring, happy bells, across the snow;  
The year is going, let him go,  
Ring out the false, ring in the true.

Ring out the grief that saps the mind,  
For those that here we see no more;  
Ring out the feud of rich and poor,  
Ring in redress to all mankind.

Ring out a slowly dying cause,  
And ancient forms of party strife;  
Ring in the nobler modes of life,  
With sweeter manners, purer laws.

Ring out false pride in place and blood,  
The civic slander and the spite;  
Ring in the love of truth and right,  
Ring in the common love of good.

Ring out old shapes of foul disease,  
Ring out the narrowing lust of gold;  
Ring out the thousand wars of old,  
Ring in the thousand years of peace.

Ring in the valiant man and free,  
The larger heart the kindlier hand;  
Ring out the darkness of the land,  
Ring in the Christ that is to be.

—TENNYSON.

**ROCKEFELLER, A GIVER OF MILLIONS.**

Since the people of the United States began to think in millions and billions a Rockefeller gift of \$5,000,000 or \$10,000,000 attracts little attention, and yet either sum is in fact a great deal of money. An addition of \$10,000,000 to the endowment fund of the Institute for Medical Research in New York, as announced a day or so ago, makes a total of \$27,000,000 given to this establishment.

It is stated that the departments of the institute were largely devoted to war service while the war was in progress, especially the production of serums and work on the treatment of wounds and diseases most frequent among soldiers. Since then there has been a return to the wide field of research in which it was formerly engaged and what with the extension of this work and the increased cost of chemicals and other materials, it was found that the expenses were exceeding the income. This circumstance brought Mr. Rockefeller to the rescue.

It is understood that he takes deep interest in this particular enterprise, and well he may, for he could hardly have put his money into a more important beneficence. Its purpose is to provide an opportunity for the study of yet unconquered diseases, their cause and their



cure, that the busy life of practicing physicians does not permit them to undertake and that scientists working alone can not enjoy to an equal degree. The institute is divided into three departments, all of which are organized for research only. Laboratories for the investigation of biological, physical and chemical subjects bearing on medical science form one division. A hospital which accommodates sixty patients is open to the admission only of those who are suffering from diseases which have been chosen for observation and study. There is a department of animal pathology devoted primarily to the study of diseases of animals, not only because the control of such diseases is of great economic information, but because of the light sometimes thrown by such investigation on problems of human pathology.

All the physicians and scientists employed are required to give their entire time to the work of the institute and to engage in no outside practice or gainful occupation. Only graduate nurses are employed and there is no nurses' training school in connection with the hospital. For men who are equipped for such research work and are interested in it no more favorable conditions could exist than are there provided. All possible advantages are at their command. They may take all the time required, with no feeling of haste and they may have the satisfaction of knowing that whatever discoveries they make and success they achieve are for the direct benefit of mankind.

Mr. Rockefeller's gifts to the four principal institutions founded by him reach a total of \$239,000,000—\$125,000,000 to the Rockefeller Foundation for general benevolent purposes, \$53,000,000 to the general education board, \$34,000,000 to the Chicago University and \$27,000,000 to the Institute for Medical Research. He has made many smaller donations to other causes and undertakings and it is estimated by those who are in close touch with one or more of his enterprises that in all he has given away not less than \$500,000,000. This sum exceeds the com-

mon estimate made of the value of the Rockefeller estate when John D., Sr., retired from business life, but that "estimate" was after all mere guesswork. It must be said of this modern Croesus that he has given wisely because his gifts are all for the benefit of the many, not the few.—Indianapolis Star.

#### DEATH OF DR. THOMAS B. EASTMAN.

Dr. Thomas B. Eastman, age 50, a prominent Indianapolis surgeon, died at his country home near Richmond, Ind., November 10, of cancer. He had practiced surgery in Indianapolis for twenty-four years.

Dr. Eastman was born in Brownsburg, Ind., April 8, 1869. He received his early education in the public schools of Indianapolis and later attended Wabash College, graduating with the class of 1890. He graduated from the Central College of Physicians and Surgeons in 1893 and then studied extensively in many of the capitals of Europe, including London, Paris and Berlin. Dr. Eastman returned to Indianapolis and began his practice here in 1895.

Dr. Eastman was married to Miss Ota B. Nicholson of Crawfordsville, Ind., March 22, 1893. She died in 1910. In 1916 Dr. Eastman married Miss Dorothea Penny of Dayton, Ohio.

The survivors are Nicholson, a son, who is a student at the Indiana University School of Medicine, Dr. Joseph Rillus Eastman, a brother, who is a prominent surgeon, head of the Eastman Hospital, and aide to the governor with the rank of major during the world war. There is a sister Mrs. T. C. Day, a grandson, Morrison Thomas Eastman, and the widow of Dr. Eastman.

Dr. Thomas B. Eastman was a son of the pioneer surgeon, Joseph Eastman, of Indianapolis, who was founder of the Joseph Eastman Hospital and the Central College of Physicians and Surgeons.

Dr. Thomas Eastman was a member of many societies, the staffs of several hospitals, ex-member of the local board of health, a teacher in the University school,

ex-president of the local Medical Society, a 32d degree Mason, and member of the Loyal Legion.

Dr. Eastman was a collaborator of this journal and a member of its staff.

A committee from the Indianapolis Medical Society, composed of Dr. James H. Taylor, Dr. John F. Barnhill and Dr. Samuel E. Earp, prepared a set of resolutions, which were read at the funeral in part, as follows:

"In the death of Dr. Eastman, the Indianapolis Medical Society has lost one of its most valuable members, an efficient co-worker, whom it held in high esteem.

"He was truly an American and in his makeup there was one paramount feature which stood out in bold relief, and that was his love for his country and for its flag.

"He was energetic and enthusiastic and performed the duties assigned to him with promptness and diligence."

#### DEATH OF DR. O. J. GRONENDYKE.

Dr. Oliver J. Gronendyke, age 55, a prominent and much loved physician of Newcastle, Indiana, died of double lobar pneumonia at a sanatorium in Martinsville, Ind., November 23, where he had gone to seek rest from his heavy professional duties.

He was well known throughout the state and prominently identified in medical circles, being an active member of the Union District Medical Society. He was associated with Drs. McDonald, Smith and others in the hospital and clinic at Newcastle and in a sanatorium in Spiceland. After a short rest Dr. Gronendyke contemplated taking a post-graduate course in medicine and then confine his work to internal medicine, his two office associates, Drs. McDonald and Smith, being in special lines of work. He was bedfast about forty-eight hours. In reality he died in the harness like Harvey, Marsee, Bigelow and Maxwell.

Dr. Gronendyke took an active interest in civic affairs of the city and was a member of the Newcastle school board

for eighteen years, retiring last July. He was a member of the Masonic, Knights of Pythias, Elks and Shrine lodges. Surviving are his father, Thomas W. Gronendyke, a retired physician of Newcastle, and five children: Mrs. Clarence Jackson, Maurice Gronendyke and Miss Marion Gronendyke of this city, and Walter Gronendyke and Mrs. Max Hutzell, of Muncie.

#### PAY INSUFFICIENT, AND WILLIAM'S DOCTOR QUILTS.

The suite of the former German emperor at Amerongen has been reduced by five persons as a result of the departure recently for Berlin of his private physician, Dr. Foerstner, and family, who had been at Amerongen many months. It is the gossip of the village that Dr. Foerstner found it impossible to support his family on the meager salary, in German marks, paid by the former emperor, and that he has returned to general practice in Berlin.

A military surgeon, Dr. Jenner, has arrived from Berlin to serve temporarily at Bentinck castle.

#### EMPLOYMENT FOR PHYSICIANS.

Physicians desirous of resigning practice (and others) may find a very attractive opportunity for making a satisfactory and permanent income, along congenial lines, by representing one of the oldest firms appealing to the medical profession. P. O. Box 121, Philadelphia.

#### INDIANAPOLIS MEDICAL SOCIETY.

Hotel Washington, Nov. 4, 1919.

Meeting was called to order by the president, Dr. C. F. Neu. Minutes of the previous meeting were read and approved as corrected.

Dr. Norman E. Jobes said that the committee on traffic rules had not had a meeting, partly due to his absence from the city and partly to the fact that information was being sought to the end that a definite and reasonable request might be presented to the authorities.

Dr. Ada Schweitzer moved that a committee of three members of the society be appointed by the chair to supervise the nursing standards of the city. Motion carried.

Dr. Earp introduced Dr. Chas. E. Scott, of Kansas, formerly of this place, and by consent the courtesy of the society was extended to Dr. Scott during his stay among us.

Dr. Max Bahr reported a case of "Encephalomalacia with Pathological Demonstration of Specimens."

This paper appeared in full in this journal.

Dr. Sterne said in discussion that Dr. Bahr's presentation represented an enormous amount of work which was probably not appreciated by those not directly interested in this kind of work.

These studies are of the utmost importance to all. Had this case been seen earlier a more thorough knowledge might have been had of it, as the earlier symptoms were swallowed up in the later and grosser manifestations. Consequently all doing general work should learn to recognize these symptoms early.

We are prone to overlook the early arterial changes especially as these conditions often run right through families. He said these arterial changes are seen in early life and this, too, in the absence of syphilis and should be studied. We find even children suffering from these changes. Urine findings are of no importance except as corroborative. These children have arterio sclerosis and go off times into such cases as is reported by Dr. Bahr.

Dr. Neu said the multiplicity of symptoms noted in this case was due to the multiplicity of lesions present. The symptoms in mental cases depend upon the rapidity and extent of the lesion. In hemorrhage the total tract area is involved hence the symptoms are quickly noted. In the case of a tumor you have a slow growth and hence a slow manifestation of the symptoms. Sclerotic vessels of the brain are found when no systemic sclerosis is seen. Foreign doctors place more stress on heredity in these cases than American. The group of

cases has for a long time been a source of worry for doctors. Prognosis is always bad and treatment is nil.

Dr. Bonn said treatment is nil. Treatment should have begun fifteen years ago to prevent this condition. Early arterio sclerosis is of great importance. Should never tell a patient he is neurasthenic without taking blood pressure. Many of these cases have a syphilitic background. May not be in immediate family but may be way back.

The paper of Dr. Bahr appeared in full in the Indianapolis Medical Journal for November, 1919.

Meeting Tuesday, November 18, 1919.

The meeting was called to order by the president, Dr. C. F. Neu. Minutes of the previous meeting were read and approved as read. After accepting the report of the council the society, by vote, elected Dr. Harry C. Sharp and Andrew T. Custer to membership into the society.

Dr. Wishard read the report of the committee that was appointed to secure the \$10,000 guarantee fund for the Lilly Base Hospital. The report showed that two assessments had been made on the subscribers, totaling \$1,910.00. The unexpended balance was handed your secretary in the sum of \$1,342.57.

Dr. Noble moved that the report be accepted and the money remaining be returned to the general fund of the society. Motion seconded. After much discussion Dr. Moon moved to table the original motion. This was seconded and carried. Dr. Cregor moved the report of the committee be accepted. Carried. Dr. Tomlin moved the secretary write each subscriber to this fund and ask if he is willing to turn the unexpended balance into the general fund. Motion carried. Dr. Clark expressed his appreciation for subscription and said while a very little of the sum was expended it was a source of comfort to know it was available if needed. He thanked each individual subscriber.

Dr. Wishard moved that a vote of thanks be extended to Dr. Clark for the admirable way in which the trust fund was handled. Carried.

Dr. Alfred Henry presented the following resolutions which were adopted by the Society:

"Whereas, A conservative estimate places the number of active cases of tuberculosis in Marion county at 6,000 and Marion county provides but 100 beds for the institutional care of such cases, and

Whereas, This county provides no facilities for removing advanced cases of tuberculosis from their homes and families, thus leaving scores of children open to infection, and

Whereas, We believe that adequate provision for the institutional care of tuberculosis patients in any community is true economy, therefore be it

Resolved, That the county officials of Marion county be informed that the Indianapolis Medical Association as a body heartily approves the contemplated enlargement of Sunnyside, the County Tuberculosis Sanatorium, and be it further

Resolved, That all members of this association be urged to use their influence in bringing about such enlargement, to the end that liberal provision will be available for all early and advanced cases in Marion county.

(Signed) C. F. NEU, M. D.,  
President.

(Signed) DR. A. L. MARSHALL,  
Secretary

Following, the program of the evening:

"Pathology"—Dr. Virgil Moon

"Early Recognition and Management from the Viewpoint of the Internist"—Dr. F. B. Wynn

"Differential Diagnosis"—Slides—Dr. H. O. Mertz.

"Value of X-ray in Diagnosis"—Dr. R. C. Beeler.

"Surgical Treatment"—Dr. H. G. Hamer,

In discussion Dr. Noble said it was wonderful how nature takes care of herself in zymotic diseases. She does this in three ways.

1. By phagocytosis. 2. By forming anti-bodies. 3. By encapsulation.

The latter is the one most resorted to by nature. The encapsulations later become a thorn in the flesh for their tendency later is to break down. A kidney that has started to break down never shows any tendency to regenerate, hence the treatment is essentially surgical. It means nephrectomy. He disagreed with the essayist in the lumbar route as choice because of the probability of wounding abdominal viscera without the means of repairing. Going through the trans-peritoneal way gives greater view of field, gives opportunity to repair any injury to viscera, the ureter can easily be taken out to the bladder.

Dr. Wishard emphasized the value of the study of the mixed infections pertaining to kidney involvement and the necessity of thorough drainage. He is sure that a number of his infected kidneys had their beginning in the bladder.

Renal and bladder involvement makes a worse surgical risk than where the kidney alone is involved. Has had cases that were not good surgical risks because of the infected bladder. In such cases he has made a vesical fistula putting the bladder out of commission and later doing a nephrectomy with good results. He said the mere finding of a narrowing of the orifice justifies a kidney extraction. He did not believe the abdominal route is the universal and only method justified. This route is of course indicated when other surgery is to be done but no other surgery that can possibly be avoided should be done at this time. He said there was more shock following the abdominal section.

Dr. McCown advocated the lumbar incision saying injury to the colon is rare accident. Fistulae are not seen as often as formerly because of the larger opening being made now. Does not resect ureter down to bladder because this is not the large offending factor that is removed in the removal of the kidney and with it gone the balance is thrown toward the anti-bodies and recovery is made.

DR. A. L. MARSHALL,  
Secretary.

**TO MY FRIEND, JAMES H. TAYLOR,  
67 YEARS YOUNG, NOV. 15, 1919.**

"Jim," I didn't get to say  
The things I thought on your birthday.  
Tho' this may seem an aftermath,  
I thought of the sunshine along your path.

I thought of the good that you have done,  
Of the battles fought, of victories won,  
Of flowers of hope that you have strewed.  
Of cups of cheer that you have brewed.

I thought of that grand old sweet song  
You sang so well your whole life long.  
That song you lived "Do unto others,"  
So helpful to despondent mothers.

I thought of hours of needed rest,  
Of babes you laid on mother's breast,  
Of babes whose lives on you depend  
Faithful, helpful to the end.

And now at heights of life's full crest,  
Loved by those your skill has blest,  
May joy and peace walk by your side,  
As you approach life's eventide.

"Valentine."

ANDREW T. CUSTER, M. D.  
November 15, 1919.

### **SAME OLD CHRISTMAS.**

By Blanche Bloor Schleppey, Indianapolis

Same old Christmas, same old tree,  
Same old necktie waiting for me;  
Same old handkerchiefs, same old sox  
All tied up in a holly-wreath box.

Same old oranges, same old nuts!  
Same old relatives—same old mutts!  
Same old mistletoe, same old Miss  
All lined up for the same old kiss.

Same old holiday, same old muss,  
Same old turmoil, same old fuss;  
Same old everything, as in the days of  
yore,  
But bless me, I love Christmas, and am  
sorry when it's o'er.

**MR. SMITH WANTS INDUCTION COIL.**

**WANTED**—Induction coil yielding spark not less than six inches long, for operation on a storage battery of from six to twenty volts. Address Bursar's Office, Indiana University, Bloomington, Ind.

### **NEWS ITEMS.**

The monthly Bulletin of the Long Island Hospital for October 16, devotes a half page to some interesting pictures of Dr. G. W. H. Kemper, of Muncie, Ind. There are shown, the first home, the doctor in civil war uniform, Mrs. Kemper in the style of dress of the sixties, and later likenesses taken August 19, 1915, when Dr. Kemper celebrated his fiftieth anniversary as a practitioner in Muncie. Gen. William Harrison Kemper, '65, is the oldest alumnus of Long Island College Hospital.

Dr. Charles E. Scott, who visited in Indianapolis for several weeks, has returned to his home in Wichita, Kansas. He had many kind things to say about the work of the faculty of the University School and the members of the local society. He regretted very much the death of Dr. C. F. Taylor, editor of the Medical World, who graduated from the Central College of Physicians and Surgeons in Indianapolis, the same year, 1880.

Mrs. M. Cora Bland, M. D., age eighty-six, died at her home at Bardsley, Mo., November 6. She was the widow of Dr. T. A. Bland, who died at Chicago twelve years ago.

Dr. Bland founded the Northwestern Farmer at Indianapolis, now the Indiana Farmer, in 1868. Mrs. Bland established the Ladies' Own Magazine at the same time, of which she was editor-in-chief. They afterward lived in New York, Washington and Chicago, where they engaged in the practice of their profession and literary pursuits. Mrs. Bland not only assisted her husband, who was author of many books, but also contributed many

articles to national magazines on medical and literary subjects. Mrs. Bland was an aunt of W. A. Milam, of Pittsboro.

Elizabeth Henderson; for three years, Miss Katherine McManus and Miss Anna Rose.

The marriage of Dr. William E. Gabe, the son of Dr. and Mrs. H. E. Gabe, of Indianapolis, and Miss Evelyn Wood, of Boston, the grand-daughter of Brigadier-General Henry Clay Wood, took place November 25, at the Congregational church in Boston. The at-home announcement is for 418 East Fifteenth street, Indianapolis, after January 1.

Dr. Hamilton P. Franks, age seventy, formerly president of the Delaware County Medical Society, died of multiple neuritis November 13, at his home in Muncie, Ind., after an illness of eight months. Dr. Franks had practiced medicine for sixteen years. Surviving are a daughter, Mrs. Edward Studebaker, and a granddaughter, Miss Pauline Millikan, the latter of Springfield, Mass.

That there is a difference of opinion among nurses as to whether an increase in pay of \$5 a week is justified became evident at the meeting of the fourth district, Indiana State Nurses' Association, November 12, at St. Vincent's hospital. Although Mrs. Ethel P. Clarke, president of the district, made a strong plea to the nurses against raising their prices at this time of social and industrial unrest, there was a decided sentiment in favor of the increased scale. The matter was referred to a committee, as it was decided that under its constitution the district association has no power to set prices. This committee is to be composed of two private duty nurses from each hospital alumnae association and two private duty nurses at large.

Officers of the association were elected as follows: Miss Jessie Bass, president; Miss Clara Pound, first vice-president; Miss Lena Flaig, second vice-president; Miss May Kennedy, secretary; Mrs. C. D. Fansler, treasurer. Directors for one year were elected as follows: Miss Gertrude Upjohn and Miss Grace Morehouse; for two years, Mrs. W. F. Molt and Miss

Dr. Virgil Moon, of Indianapolis, was chosen president at the session at Evansville, November 12, of the twentieth annual convention of the Ohio Valley Medical Association. Dr. Charles T. W. Southard, of Cincinnati, was elected first vice-president; Lieutenant-Colonel L. W. Bremerman, of Chicago, second vice-president, and Dr. Sidney L. Elchel, of Evansville, third vice-president. Dr. Benjamin L. W. Floyd, of Evansville, was re-elected secretary and treasurer. He has held that position since the organization of the society. The 1920 convention will be held in Evansville.

Among those who made addresses and read papers at the session Wednesday were Dr. Alfred Henry and Dr. F. C. Neu, both of Indianapolis. This was the first convention of the association in two years, the meeting last year having been called off because of the influenza epidemic.

Dr. Alexander C. Smith, age seventy, one of the pioneer physicians of Indianapolis, died suddenly November 24, when sitting in a rocking chair at the home of his son, Raymuth N. Smith, 5 North Temple avenue.

He was engaged in the practice of medicine for forty-seven years, all except six of which were spent in Indianapolis. He was in Florida for a few years and in the northern part of Indiana a short while. He retired from active practice about four years ago.

Dr. Smith's father was Butler Kennedy Smith, one of the pioneer residents of Indianapolis, and during his life one of the most widely known evangelists in the state.

Mrs. Ethel P. Clarke, of Indianapolis, was re-elected president of the Indiana State League of Nursing Education, at the meeting of the Indiana State Nurses'

Association at the Claypool hotel, October 7. Miss Margaret Parker, of South Bend, was elected vice-president, and Miss Maude Miller, of Indianapolis, secretary and treasurer.

Siegmur Muhl, Jr., of the S. Muhl Drug Co., has returned from a month's hunting trip at Rhineland, Mo. Game consisted of deer, ducks and small game, most of which are still alive.

A government inspector from Indianapolis arrested a man named Smith, November 27, at Hoopeston, Ill., and obtained \$7,000 worth of narcotics mostly heroin and morphine which was kept in a hotel safe.

Information as to Smith was obtained by the police authorities at Muncie when they arrested two men who had in their possession \$500 worth of morphine. It is said that Smith has been doing a wholesale business and has made it a practice never to take an order for less than \$500.

Dr. Ralph M. Funkhouser, formerly of Indianapolis, who recently received his discharge from the army, is now connected with the division of criminology of Illinois, with headquarters at Chicago. Dr. Funkhouser's work is the examination and classification of the inmates of penal and correctional institutions. He is a graduate of the Indiana University School of Medicine and served an internship at St. Vincent's and the City Hospitals.

Dr. John C. Irwin, well known in Indianapolis, has returned from military service to continue his practice of obstetrics and gynecology at Suite 523 Investment building, Broadway at Eighth, Los Angeles, Cal. Dr. Irwin was formerly resident surgeon at the New York Lying-in Hospital, Woman's Hospital and Magee Hospital, Pittsburg.

The usefulness of an official physician at every university has created some dis-

cussion in several of the medical journals. The appointment of such an officer has been generally commended. In our January number Dr. J. P. E. Holland will review the work of this character at Indiana University.

Dr. B. D. Myers was operated on at the Long Hospital, December 2, for gall stones.

### REINFORCED RUBBER ENDOPROSTHESIS.

Delbet and his co-workers have previously reported their experiments with rubber implants to replace lost segments of bone, and they here give the details of two successful clinical cases. The gap in the radius crippled the men completely. The stumps were fitted each with a cover, and an adjustable reinforced rubber interpiece was fitted in between these covers. The bone recovered its normal length and strength at once. The results seventy and eighty-eight days to date are perfect both from the orthopedic and functional points of view, aside from a pre-existing paralysis in one case. —Bul. Acad. Med. Paris. J. A. M. A.

### THE DOG WOULD BARK.

"What is that noise?" asked little James. Out walking in the park, "That noise you hear," his father said, "Is but the dogwoods bark."

"And tell me why the dogwoods bark," He urged, "with such to-do!" "I think," his father said, "they hear The pussy-willow's mew."

—Cleveland Leader.

### HUMAN INTEREST COUNTS.

A little human interest maybe the principal reason why Smith's Drug Store is so popular. Jones carries the same drugs but he has never learned to mix a little human interest with his prescriptions.—Meyer Druggist.

## BOOK AND JOURNAL REVIEWS.

**Diseases of Infants and Children**, by Henry Dwight Chapin, A. M., M. D., Professor of Diseases of Children New York Post-Graduate Medical School and Hospital, consulting physician to the Willard Parker Hospital, etc., and Godfrey Roger Pisek, M. D., Sc. D., Professor of Diseases of Children and attending physician to the New York Post-Graduate Medical School and Hospital, etc. Fourth revised edition, with one hundred and eighty-two cuts and thirteen colored plates. Wm. Wood and Company, 1919, New York. Price, \$4.00.

The authors of this book are teachers and are capable of recognizing the needs of students and have made an admirable presentation of the subject. Many of the perplexities of the subject are made plain and the plates are valuable adjuvants.

Anatomy and physiology are not lost sight of in the text and differentiation is given due consideration.

The best methods that lead to accurate diagnosis are given and emphasis is placed upon a thorough acquaintance with the various tests and bedside work. The book is practical because it tells the story of the disease as seen at the bedside and how to most effectually combat it.

There is some theory and some pathology but only that which is absolutely necessary in a book of this size.

Perhaps not a scientific phrase, yet this book is a "pediatric midway" that is between the larger works and a compendium, yet all the essentials can be here found.

In keeping with the progress of pediatrics, this book has been written. This edition contains many new articles on acidosis, food, allergy, epidemic encephalitis, functional heart disorders, and others.

We find important factors in dietetics which is most essential in the treatment of infants and children, in fact medicine is useless if this factor is not well con-

sidered and it is more than half the battle. It also is of prime importance in preventive medicine all of which the authors have well outlined and carefully detailed in many instances.

In every sense the presentation of the subject is thorough and complete.

The opening chapter is on the management and care of premature infants, further on examination of the child, general therapeutics, suggestive scheme for diagnosis, substitute feeding, diet during various years, infectious diseases, the heart, blood and nervous diseases. These perhaps I have mentioned at random and as I have read each topic, and it is by no means an index, yet it shows things of the greatest value.

I am tempted to describe the illustrations and especially the colored ones, but it would take a full page and perhaps this is not the time nor place, but they are worth it. Suffice to say, they are works of art.

S. E. EARP.

**A Manual of Hygiene and Sanitation**, by Seneca Egbert, A. M., M. D., professor of hygiene University of Pennsylvania, formerly professor of hygiene and dean of the Medico-Chirurgical College, etc. Seventh edition, enlarged and thoroughly revised. Illustrated with 160 engravings and five plates. Lea & Febiger, Philadelphia and New York, 1919. Price, \$3.00.

The world war made the revision of almost every book necessary and with this publication every chapter was carefully inspected by Dr. Egbert and those not revised were re-written.

I have written a review for every edition and this one is the seventh. When sanitary science was a part of the title for the chair of practice under the old regime, I used this book as a text and it was entirely satisfactory.

Since titles have changed and we confine the work to special lines, I use it as a reference book.



In brief I might say that this book contains the things fundamental.

Progress in this department of science makes some topics of especial importance and I call attention to the chapters on Industrial Hygiene, Sewage Disposal and Military Hygiene and in one of them the recent advancement makes biology of the greatest of importance. War and industrial enterprises makes the contents of this book of the greatest of importance in conserving of public health.

It is the handmaid of preventive medicine; without this knowledge as it is here presented our efforts would result in failure.

I have mentioned industrial hygiene and since writing the sentence containing it I have carefully read the chapters on Industrial Hygiene and Occupational Diseases, Military Hygiene, Vital Statistics and the Examination of Air, Water and Food. It was worth while.

S. E. E.

**The Surgical Clinics of Chicago**, October, 1919, Volume 3, Number 5, with 94 illustrations. Published by-monthly by the W. B. Saunders Company, Philadelphia.

This number of the clinics is an unusually good one as will be seen by a few of the abstracts we produce. The clinics are held by men eminent in the profession and the character of the work is presented learnedly. It reviews a very large field in surgery. The illustrations plainly show the steps taken in some of the most intricate operations and especially those of the brain. It has been said that the most difficult diagnosis to make is one involving a diseased pancreas. On page 1099 this organ is in evidence, and we do not miss a description of pyloric occlusion on page 1121. The operations for correction of deformities are of especial interest. The X-ray illustrations are many and are of the best.

**Ossifying Enchondroma of the Brain**, by Drs. A. D. Bevan and J. C. Gill.

Summary—Jacksonian epilepsy as an indication for exploration of skull. Diag-

nosis—probable type and location of tumor; operative method of locating the fissure of Rolando—technic of removal of tumor from brain tissue.

**Forward Dislocation of Atlas on Axis**, by Dr. Paul Oliver.

Summary—A patient complaining of stiff neck with pain and tenderness on the left side of the head and neck; X-ray diagnosis of dislocation of atlas; reduction under anesthesia.

**Exophthalmic Goiter: Removal of Right Lobe and Isthmus**, by Dr. Edward Louis Moorhead.

Summary—Diagnosis of exophthalmic goiter; relative importance of the usual signs and symptoms; differentiation from goiters of other types; treatment—the hocky-stick incision; results in present case.

**Acute Obstructive Appendicitis**, by Dr. G. L. McWhorter.

Summary—A patient presenting an unusual combination of symptoms—local abdominal tenderness without muscle spasm associated with history suggestive of appendicitis and a rising leukocyte count; diagnosis; pathology of obstructive appendicitis.

**Carcinoma of the Prostate**, by Dr. Robert H. Herbst.

Summary—Diagnosis; classification of cases from the standpoint of the choice of methods of treatment; indications for the use of radium; introduction of radium needles into tumor—the suprapubic and perineal routes.

**Demonstration of Obstetric Cases With Discussion of Points in Technic**, by Dr. Edward Tyman Cornell.

Summary—A case of puerperal toxemia and insanity—induction of labor; spinal puncture for uremic convulsions; scopolamin and morphine in the first stage of labor—indications—contraindicated in premature cases—technic of its use—three illustrative cases. The heart tones in labor—a new stethoscope permitting physician to listen to heart tones without sterilizing his hands. Method of

insuring proper identification of babies in the Chicago Lying-in Hospital.

S. E. EARP.

**Bacteriology in Abstract**, by A. B. Wallgren, B. S., M. D., assistant professor of biology and pathologist University of Pittsburg Hospital, etc., Pittsburg, Pa. Published by Medical Abstract Publishing Co., 8103 Jenkins Arcade Bldg., Pittsburg, Pa. Price, \$1.25.

This book of 340 pages and index, contains the elements and first principles of bacteriology and it is presented in a concise form. It can be carried in the pocket.

If more detailed work is desired reference is made to authors of such books.

So far as refreshing the memory is concerned this book would make a good laboratory guide and for study before state board examinations. It ought to answer a good purpose.

Perhaps ten lines are devoted to some topics, while others such as Ehrlich's side-chain theory, hemorrhagic septicemic group of organisms, the bacillus coli and some others consume three or four pages, though the pages are not large. Complement fixation occupies three pages and is illustrated and this is true of the storage of hemolysin.

This book is almost invaluable to the student. This company publishes a series of these books and from the appearance of this one I am of the opinion that chemistry by Inglis and Relf; materia medica and therapeutics by Orr and especially medicine by Kohberger and the one on physiologic would be helpful to students. If these are at the college book store I may mention them in a future review.

S. E. EARP.

#### MEDICAL RECORD VISITING LIST FOR 1920.

By using a record of this character we have our accounts kept accurately and conveniently and it is an economizer of time. There are several varieties to suit any number of patients per week.

This edition is thoroughly revised to date. In addition to the blanks for record there are several pages of important matter as follows: Calendar, July 1917 to July, 1919; Obstetric Calendar on Folding Chart; Approximate Equivalents of Temperature, Weight, Capacity, Measure, etc.; Maximum Adult Doses by the Mouth, in Apothecaries and Decimal Measures; Drops in a Fluid Drachm, of Different Liquids, and Under Different Conditions; Solutions for Subcutaneous injection; Diagnostic Hints on Contagious Diseases; Poisons and their Antidotes; Emergencies; Artificial Respiration; Signs of Death; Hints on the Writing of Wills.

The price ranges from \$1.50 to \$2.25.

Name and address in gold, 50 cents extra.

#### BLAKISTON'S VISITING LIST.

The Physician's Visiting List For 1920 (Lindsay and Blakiston's). Sixty-nine years ago the first edition of this list was published, and it still remains one of the best for the general practitioner. While it is an old annual, it is by no means aged for it has kept abreast of the changes in science and medicine during all these years and has, therefore, grown young in ageing.

The regular editions are dated beginning with January 1, 1920, and are made up in sizes for 25 patients weekly; 50 patients weekly; 50 patients weekly in two volumes; 75 and 100 patients weekly; in two volumes. Perpetual editions and monthly editions, are undated. The Perpetual edition is made up for 25 and 50 patients weekly. The monthly edition is plain and with flap.

This book is published by, P. Blakiston's Son & Co., Publishers, 1012 Walnut St., Philadelphia, Pa.

Such a book is needful for every doctor. If a recent graduate will keep an accurate account of this work, even though his practice is meager, he will find in the future that his work has been timely. It is not always a pay patient, but other records are of great importance, that



